

**From Ascertainment to Assessment: The Development of a Social Work Role in
Local Authorities, 1950-1993**

Thesis submitted in accordance with the requirements of the University of Chester
for the degree of Doctor of Philosophy by Michael Burt

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Table of Contents	
Acknowledgements	2
Table of Contents	3
Abstract	6
List of Abbreviations	7
Chapter 1: Introduction	9
Chapter 2: Methodology	20
Methodological approach	20
Reflexivity	28
Chapter 3: The investigation and review of social problems in the 1950s	32
The investigations carried out by social workers in local authorities, hospitals and clinics	33
The significance of the assessment of social and emotional needs by social workers	43
Qualified social workers in hospitals and clinics	52
The approach of Children's Departments to the investigation of child cruelty and neglect	58
The provision of support to individuals and families enabling them to live in their own home	64
Conclusion	77

Chapter 4: The development of principles of social assessment and services in local authorities, 1959-1968	79
Influences on the development of social assessment of need in local authorities	80
The development of principles of assessment in social work	91
The growing awareness of the need for changes to the investigation of child cruelty and neglect	101
The impact of the development of social assessments on the staffing of local authorities	105
Conclusion	118
Chapter 5: The expansion of social work and assessment of social needs, 1968-1974	120
The provision of a comprehensive service at the beginning of the 1970s	121
The new emphasis in government policy of assessing social needs	127
Formalising an assessment role for social workers	135
A critical analysis of the stage of development which social work had reached in the early 1970s	141
The new prominence given to the investigation of child abuse	145
Conclusion	150
Chapter 6: The establishment of assessment as a priority activity, 1974-1979	152
The identification of priorities in Government policy in the context of economic difficulties and the ‘end of the post-war consensus’	152
Government policy for the planning and implementation of social assessments	158
The development of more systematic approaches to social assessment	165
Conclusion	174

Chapter 7: The formalisation of the assessment role of social workers in local authorities' planning, 1979-1988	176
The mitigation of the impact of the New Right political theory on the assessment role of social workers	177
The critical role of assessment in the development of national policy for community care during the 1980s	184
The identification of the need to raise standards and develop more consistent practice in assessment	194
The development of formal policies for assessment in local authority planning	204
Conclusion	216
Chapter 8: The consolidation of the assessment role of social workers in legislation and the policies and practices of local authorities, 1988-1993	218
The prominence of assessment in legislation for adults and children	219
The codification and coherence of principles and skills of assessment in government documentation for adults and children	222
The review by Lancashire County Council of its policies and procedures for assessment of the needs of children, young people, and adults	230
The enhancement of the professional status of social work with adults	235
Interpretations of the influence of the Children Act 1989 and NHSCCA 1990 on the coherence and professionalisation of social work	243
Conclusion	250
Chapter 9: Conclusion	252
Social Work History, a Timeline	260
Bibliography	264

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Abstract

The social work literature of the last two decades has drawn attention to the increasing importance of the assessment role of social workers. However, there has been limited historical analysis of the development of the assessment function in social work. This study examines the way in which the assessment role of social workers in England and Wales developed between 1950 and 1993. Historical narrative has been used to develop the themes of this study, addressing the significance of interrelated events and the range of political, economic and social influences on the changes which took place. It uses archival sources as primary material, including the archive of Lancashire County Council which is employed as a case study.

This study traces the stages of development of social policy for the assessment function of social workers in local authorities. It draws attention to the diverse approaches of separate occupational groups of social workers to making enquiries and investigations about the circumstances of people who experienced social problems in the 1950s. Principles of social assessment which emerged during the 1960s are explored, together with their wider application to all client groups during the 1970s and the development of assessment as a priority activity within the newly established Social Services Departments (SSDs). The importance of the development of criteria and models of assessment in the late 1970s and 1980s and their inclusion as part of the social work process in planning documents produced by SSDs in the 1980s is discussed. The significance of the children's and adults' legislation and accompanying documentation at the end of the 1980s and beginning of the 1990s in giving local authorities a lead role in the co-ordination of assessments is addressed.

Although conventional interpretations of the history of social work have suggested that a high point in the development of social work was reached in the early 1970s, archival material points to the function of social assessment being at a particularly early stage of its development. As a consequence of the changes which took place, the thesis argues that assessment was a unifying influence on social work as a single occupational group and emerging profession.

List of Text Abbreviations

DH	Department of Health
DHSS	Department of Health and Social Security
DipSW	Diploma in Social Work
GP	General Practitioner
MP	Member of Parliament
NHS	National Health Service
NHS Act 1946	National Health Service Act 1946
NHSCCA 1990	National Health Service and Community Care Act 1990
NSPCC	National Society for the Prevention of Cruelty to Children
SSD	Social Services Department
UK	United Kingdom
USA	United States of America

List of Footnote Abbreviations

ACO	Association of Children's Officers
APSW	Association of Psychiatric Social Workers
BASW	British Association of Social Workers
BRO	Bristol Record Office
CCB	City and County of Bristol
DH	Department of Health
DHSS	Department of Health and Social Security

GMCRO/MA	Greater Manchester County Record Office (with Manchester Archives)
HO	Home Office
LA	Lancashire Archives
LA CC	Lancashire Archives, County Council (refers to the pre-1974 Council)
LA LCC	Lancashire Archives, Lancashire County Council (refers to the post-1974 Council)
LCC	Lancashire County Council
LCC SSC	Lancashire County Council, Social Services Committee
LMA	London Metropolitan Archives
LMA LCC	London Metropolitan Archives, London County Council
LSEA	London School of Economics Archives
MoH	Ministry of Health
MRC	Modern Records Centre
TNA	The National Archives
Wellcome	Wellcome Library, London

Chapter 1: Introduction

The increasing importance of the assessment role of social workers since the implementation of the Children Act 1989 and National Health Service and Community Care Act (NHSCCA) 1990 has been commented on by a wide range of authors.¹ The impact of that and subsequent legislation, together with research and government documentation, is reflected in the significant increase of academic social work texts about the assessment role of social workers in local authorities in the last twenty years.² Of significance to the development of the assessment role of social workers, the increase in the literature has taken place simultaneously in services for both children and adults, even though the roles of social workers involved an increased level of specialisation following the implementation of the legislation in the early 1990s.

Historical narrative as a mode of writing is utilised to evaluate the influence of social policy for assessment on social work as an emerging profession. The work of social workers in the Children's, Health and Welfare Departments, and subsequently Social Services Departments (SSDs) of local authorities between 1950 and 1993 in the early stage of involvement in a case is addressed; rather than an introductory screening process or on-going assessment. The principal focus is the assessment of clients' needs although policies for meeting the needs of carers are also referred to. In recognising that the terms enquiry, investigation, study, diagnosis and assessment sometimes had a specific meaning but were also used interchangeably, the development of terminology is addressed throughout. Commencing in 1950 the study focuses on the development of social work within the welfare state and the reviews of social problems established by Conservative governments during the first part of the decade. It ends in 1993 following the implementation of the Children Act 1989 and NHSCCA 1990. Political, social and economic influences on the historical

¹ For example, J. Milner, S. Myers and P. O'Byrne, *Assessment in Social Work*, 4th edn (Basingstoke, 2015), pp. 11-12.

² For example, H. Kemshall and S. Walker, *Assessing Children's Needs and Circumstances: The Impact of the Assessment Framework* (London, 2004); H. Kemshall and B. Wilkinson, eds, *Good Practice in Assessing Risk: Current Knowledge, Issues and Approaches* (London, 2011); S. Walker and C. Beckett, *Social Work Assessment and Intervention* (Lyme Regis, 2011).

development of the assessment role of social workers in local authorities are analysed and the work of local authorities in the implementation of national social policy is critically evaluated.

The chapters are divided according to periods in which noticeable developments took place. However, recognising that the identification of periods in historical narrative is to some extent arbitrary, material is sometimes drawn from outside the specified period. Chapter 2 presents the methodological approach of the study, a historical narrative based primarily on an extensive use of archival material from The National Archives, Lancashire County Council and the British Association of Social Workers. Chapter 3 provides a critical evaluation of internal influences within social work and external policy influences on changes which started to be made to the established traditions of occupational groups of social workers and their approaches to making enquiries, investigations, diagnoses and assessments in the 1950s. Chapter 4 critically examines the emergence of principles of social work assessments in the wider context of legislation passed between 1958 and 1963 which focussed on the development of community care and resulted in the expansion of social workers in local authorities. Chapter 5 critically discusses the impact of establishing SSDs in 1971 and the introduction of further legislation and government policy on the recognition of the need for more formal systems of assessment. At the mid-point of the period 1950 to 1993 the chapter critically analyses the progress of the assessment function, in the context of interpretations made in the social work literature about the stage of development which social work in general had reached.

The development of assessment as a priority function during the 1970s and the introduction of more systematic approaches to both its organisation and the professional development of criteria and models are addressed in chapter 6. In chapter 7 the influence of policies for accelerating the closure of large institutions for children and adults and of the New Right political theory on the enabling role of local authorities are critically examined. It addresses the key role of assessment in local authority planning of services in conjunction with health authorities and the increasing recognition of the need to introduce a more professional approach to

assessing the needs of older people and of carers. Chapter 8 highlights the significance in social policy of the lead role which local authorities were given in assessing the needs of both children and adults and outlines the common principles of assessment which underpinned the documentation which accompanied the Children Act 1989 and NHSCCA 1990. In a critical analysis of the social work literature the chapter argues that the employment of more qualified social workers to focus on assessment work with adults was one factor which enhanced the professional status of social work with adults. The concluding chapter 9 draws together the principal changes to the historical development of the assessment function of social workers in local authorities and evaluates their significance. It argues that between 1950 and 1993 the assessment function was a unifying influence on social work as a single occupational group and emerging profession.

A study of the historical development of the assessment role of social workers in local authorities provides a significant addition to our understanding of the wider history of social work, for which there has been limited historical analysis both within the profession and by welfare historians. For example, Rodney Lowe pointed to the neglect of the development of the personal social services by welfare historians whereas Jane Lewis observed that there was a lack of historical study of the family as a part of the welfare state.³ Suggesting that it was a widely held view, Margaret Lloyd and Carolyn Taylor claimed that '[s]ocial work is notoriously poor at developing a sense of its own history'.⁴ From a European perspective Walter Lorenz asserted that '[t]here has been far too little in the way of serious historical research in our profession...'.⁵ Noel Timms regretted that social workers had shown little interest in their history, whilst Olive Stevenson suggested that there had been

³ R. Lowe, 'Introduction: The Road from 1945', in H. Fawcett and R. Lowe, eds, *Welfare Policy in Britain: The Road from 1945* (Basingstoke, 1999), p. 12; J. Lewis, 'Presidential Address, Family Provision of Health and Welfare in the Mixed Economy of Care in the Late Nineteenth and Twentieth Centuries', *The Society for the Social History of Medicine* (1995), p. 1.

⁴ M. Lloyd and C. Taylor, 'From Hollis to the Orange Book: Developing a Holistic Model of Social Work Assessment', *British Journal of Social Work*, 25 (1992), p. 693.

⁵ W. Lorenz, 'Practising History: Memory and Contemporary Professional Practice', *International Social Work*, 50 (2007), p. 599.

limited reflection on the historical development of child welfare.⁶ Lorenz went on to argue that:

[i]t was as if we were too embarrassed to look seriously at our history, afraid of the disorder we might find, too eager to distance ourselves from the pre-professional beginnings. Only when we engage in open-minded, critical historical research can we hope to find meaning in this confusing diversity, to define our place in the diversity of histories with which we are interwoven.⁷

It is significant to note that these observations have been made by academics who are highly regarded in the fields of the history of social policy and the development of social work.

More specifically, most texts and articles which provide comprehensive frameworks and advance the knowledge, theory and skills of social work assessment do not provide a history of its development. Where they do it is brief and focuses on its development in the narrow context of the evolution of social casework rather than the wider context of social work history and the broader historical influences on social policy. The investigation of cases on an individual basis was a method of work developed by the Charity Organisation Society towards the end of the nineteenth century in which information about the social circumstances of individuals and families was used to decide whether and how assistance should be provided. In an early seminal text in the United States of America (USA) Mary Richmond argued that social diagnosis was a dimension of social case work which pointed to the common approach of social workers with all types of clients.⁸ Basing their work on developments in the USA, the social casework of qualified social workers in the United Kingdom (UK) from the 1930s onwards increasingly emphasised the importance of establishing a relationship between worker and client, through which a client could develop their own ability to resolve both intra-psychic and practical difficulties. After making contact with a client the collection and study

⁶ N. Timms, 'Taking Social Work Seriously: The Contribution of the Functionalist School', *British Journal of Social Work*, 27 (1997), p. 723; O. Stevenson, 'It Was More Difficult Than We Thought: A Reflection on 50 years of Child Welfare Practice', *Child and Family Social Work*, 3 (1998), p. 154.

⁷ Lorenz, *Practising history*, p. 599.

⁸ M. Richmond, *Social Diagnosis* (New York, 1917), p. 5.

of information led to a diagnosis followed by treatment, with the same worker being involved throughout the process.⁹ During the 1950s it was thought that social casework had the potential to be the basis on which a single social work profession could emerge in the UK.

Although there was little casework literature written in the UK, Timms made a link between the work of assessment and the historical development of casework, suggesting that throughout the history of casework the use of the terms investigation, diagnosis and appraisal all had in common the identification of needs on an individual basis.¹⁰ However, it is important to note that social casework in the UK developed alongside other social work traditions and was itself subject to different interpretations. Prior to the Second World War different groups of paid and voluntary, qualified and unqualified social workers in a wide range of settings carried out an investigation and enquiry function into the social circumstances of individuals and families to establish suitability and eligibility for services. Mike Burt has argued that in the first half of the twentieth century many occupations which were designated as social work started to reformulate their aims and tasks in a way which took account of the social environment of clients.¹¹ Moreover, different approaches to social casework developed in the 1950s and, importantly, a change in the focus of social casework from work with an individual to working with them in the context of their social environment took place in the 1960s.

The focus of associating a historical change to the assessment function with changes to social casework is found in a range of texts. In arguing for a conceptual approach to the understanding of assessment and in proposing a holistic model, Lloyd and Taylor charted the changes which took place to social casework, from the perspective of working with individuals in the 1950s to having a wider family and

⁹ K. McDougall and U. Cormack, 'Case-work in Practice', in C. Morris, ed., *Social Case-work in Great Britain*, 2nd edn (New York, 1955), p. 38.

¹⁰ N. Timms, *Casework in the Child Care Service* (London, 1962), p. 7.

¹¹ M. Burt, 'Social Work Occupations in England, 1900-39; Changing the Focus', *International Social Work*, 51 (2008), p. 759.

community orientation in the 1960s and 1970s.¹² They concluded that although social workers were engaged in a diverse range of functions, there were core skills and values which were central to all social work assessments.¹³ Juliet Cheetham's brief account of the historical development of the assessment function of social workers pointed to the influence of the psycho-social approach on social casework during the 1960s. She further suggested that the centrality of assessment in the community care reforms of the early 1990s was appropriate work for social workers because they had a longer history of addressing a wider range of needs and dealing with the complexities of family relationships than other professionals.¹⁴ Derek Clifford similarly drew attention to the importance of the psychodynamic tradition in making a theoretical contribution to the historical development of social assessments.¹⁵ In referring to the history of assessment Judith Milner and Patrick O'Byrne provided a short account of how authors had previously addressed the subject since the 1970s. In particular they suggested that the complexity of the work had not been acknowledged and referred to the literature which argued that social workers' assessments continued to be based on individual problems of people rather than a wider perspective.¹⁶ Nigel Parton and Patrick O'Byrne contrasted the traditional social casework model with their constructivist model, including its relevance to a broader approach to assessment.¹⁷ Barry Cooper provided more detailed information about the historical development of assessment, however, he referenced the secondary literature rather than primary material and the principal purpose of his thesis was also to advance a theoretical construction which he referred to as 'conductive assessment'. Nevertheless, it is possible to concur with his assertion that the significance of assessment had not been sufficiently recognised as a driving force of social work.¹⁸

¹² Lloyd and Taylor, *From Hollis*, p. 694.

¹³ *Ibid.*, p. 708.

¹⁴ J. Cheetham, 'Social Work and Community Care in the 1990's', in R. Page and J. Baldock, eds, *Social Policy Review 5* (Canterbury, 1993), pp. 156-59.

¹⁵ D. Clifford, *Social Assessment Theory and Practice: A Multi-disciplinary Framework* (Farnham, 1998), p. 4.

¹⁶ J. Milner and P. O'Byrne, *Assessment in Social Work* (Basingstoke, 1998), pp. 7-12.

¹⁷ N. Parton and P. O'Byrne, *Constructive Social Work: Towards a New Practice* (Basingstoke, 2000), p. 134ff.

¹⁸ B. Cooper, *The Problem of Assessment in Social Work: Practice Education and Continuing Professional Development* (Saarbrücken, 1996), p. 28.

Placing the history of social assessment within the context of social casework and the construction of models of assessment has demonstrated the authors' principal concern with the history of the professionalisation of social work rather than contributing to our broader understanding of historical events and processes. In doing so they referred to the use of knowledge from psychology and psychiatry in the 1960s to inform the development of social casework and enhance the professionalisation of social work.¹⁹ The work of, for example, the American author Florence Hollis was regarded as being particularly significant.²⁰ As Shulamit Ramon warned, articles in professional journals and references to theoretical developments reflect the construction of a history by the elite of a profession, the ideal of practice rather than the reality of day to day practice.²¹ Similarly, David Burnham has argued that histories of social work since the Second World War have included an emphasis on the work of '... privileged groups, saying little about those not university trained. Thus, we have only a partial history of social work – a history of the officer class'.²²

It is understandable that authors should continue to address the importance of the historical development of theoretical perspectives in social work in view of the ongoing concern to enhance its professional identity. However, the concern of this study is to examine the historical development of the assessment function of social workers in local authorities by drawing primarily on material in a range of archives. In doing so the wider context of the full range of work carried out by qualified and unqualified social workers, short term as well as long term work, and including areas of work which experienced relatively limited professional development is addressed. The significance for the history of social work as a whole following the emergence of social assessment from earlier forms of investigation and enquiry as well as from social casework is therefore evaluated. On the basis of that approach the study proposes an alternative periodization of social work to that of some general histories

¹⁹ For example, Lloyd and Taylor, *From Hollis*, p. 693; Clifford, *Social assessment*, p. 4.

²⁰ For example, F. Hollis, *Casework: A Psychosocial Therapy* (New York, 1964).

²¹ S. Ramon, *Psychiatry in Britain: Meaning and Policy* (Beckenham, 1985), p. 32.

²² D. Burnham, 'Selective Memory: A Note on Social Work Historiography', *British Journal of Social Work*, 41 (2011), p. 13.

of social work which suggest that social work reached a 'peak' in the early 1970s from which it subsequently declined.²³

An important component is the inclusion of material related to the work of social workers with all the principal client groups; an approach which differs from some historical studies, for example, Timms' study of psychiatric social workers, Robin Means' two studies, with others, of services for older people and Stevenson's edited history of child care.²⁴ Variance from these and general histories of social work is further achieved by maintaining a focus on one particular role of social workers and tracing its historical development across an extended period of time; during which the assessment function developed at a different pace with each client group.

The history of the assessment function has only been briefly touched on in literature which has addressed the broader historical development of social work. Eileen Younghusband's monumental study of the development of social work between 1950 and 1975 briefly suggested that professional social work was influential in developing and refining the work of assessment.²⁵ Historical studies written by Malcolm Payne, John Pierson and Terry Bamford refer to investigation and assessment at key stages in the work of the Charity Organisation Society and of the NHSCCA 1990 but make limited reference to its development between those points.²⁶ Some other literature which provides a historical introduction to specialised areas of social work practice, although only having the scope to offer a summary, points to relevant issues in the historical development of the assessment function. For example, Nick Frost and Nigel Parton drew attention to important

²³ For example, M. Payne, *The Origins of Social Work: Continuity and Change* (Basingstoke, 2005); J. Pierson, *Understanding Social Work: History and Context* (Maidenhead, 2011); S. Rogowski, *Social Work: The Rise and Fall of a Profession?* (Bristol, 2010); T. Bamford, *A Contemporary History of Social Work: Learning from the Past* (Bristol, 2015).

²⁴ N. Timms, *Psychiatric Social Work in Great Britain (1939-1962)* (London, 1964); R. Means and R. Smith, *From Poor Law to Community Care: The Development of Welfare Services for Elderly People 1939-1971* (Bristol, 1998); R. Means, H. Morbey and R. Smith, *From Community Care to Market Care: The Development of Services for Older People* (Bristol, 2002); O. Stevenson, *Child Welfare in the United Kingdom 1948-1998* (Oxford, 1999).

²⁵ E. Younghusband, *Social Work in Britain, 1950-1975: A Follow-up Study* Volume 1 (London, 1978), p. 24.

²⁶ Payne, *The origins*; Pierson, *Understanding social work*; Bamford, *A contemporary history*.

similarities in the work of assessment with all client groups during the 1960s.²⁷ Other significant strands of literature which have addressed the history of social work have emphasised the requirements of legislation and of significant turning points.²⁸ A further range of studies which were broadly celebratory have provided a limited critical perspective.²⁹ The arrangements made for the assessment function following the implementation of the Children Act 1989 and NHSCCA 1990 have been the subject of considerable comment in the social work literature and are discussed in chapter eight. However, the earlier work of assessment has been a peripheral concern in most of the literature which has addressed the history of social work.

The social work literature has associated the changed focus of assessment, from the individual to the individual in the context of their social environment, with changes in the focus of social casework. To complement that interpretation, the influence of wider social policies for community care and the family on those changes during the late 1950s and 1960s is highlighted. As social forces, their impact on the continuing orientation of social work between 1950 and 1993 towards working with children, young people and adults in the context of their social environment, is emphasised. Moreover, their influence on particular events and processes, including, for example, the implementation of the recommendations of the Seebohm Committee, the differentiation of social work from health provision, the closing of institutions in the 1980s and the assumption of a lead role for assessment in adults' and children's services in the early 1990s, is addressed.

Of particular significance to the influence of policies for community care and support for the family on the historical development of social work is that both policies have been regarded as lacking conceptual clarity and having different

²⁷ N. Frost and N. Parton, *Understanding Children's Social Care: Politics, Policy and Practice* (London, 2009), p. 10.

²⁸ For example, 'Special issue 50 years Children Act 1948', *Child and Family Social Work*, 3 (1998); 'Special Issue on the History of Social Work', *British Journal of Social Work*, 38, 4 (2008).

²⁹ For example, B. Holman, *The Corporate Parent: Manchester Children's Department 1948-1971* (London, 1996); J. Baraclough and others, *100 Years of Health Related Social Work 1895-1995* (Birmingham, 1996).

meanings as social policy evolved in the second half of the twentieth century. For example, Robin Means, Sally Richards and Randall Smith pointed to the contested nature of the term community care whereas Robert Moroney, Roy Parker and Martin Bulmer argued that, although there were policies which affected individuals within families, the state had not developed a coherent family policy.³⁰ Kirstein Rummery has similarly drawn attention to the limited exploration of care as a concept prior to the 1980s.³¹ Moreover, the concept of social need has also been referred to as being difficult to define.³² The association of social work with all of those policy areas would appear to have contributed to the difficulty which social work experienced throughout the period in identifying its core purpose and developing a professional identity.

To illustrate the process of implementing national policy for assessment at the local level, Lancashire County Council is utilised as a case study. The Council was the largest County Council in England and Wales before its reorganisation in 1974. D. T. Denver and H. T. G. Hands argued that although Conservative and Labour parties were alternately in control following elections until 1967, there was limited change in the direction of policy.³³ They pointed to the requirement that local authorities were expected to implement government policy and that it was often difficult to determine whether an initiative arose from officers or from councillors.³⁴ In comparison with other English counties the expenditure of Lancashire County Council on social welfare of children and adults was generally below the average although there were differences in some spending. For example, in the 1950s and early 1960s the Council had one of the lowest percentages of its child population in care.³⁵ Its spending in 1967-68 on day nurseries, child welfare, health visiting, home

³⁰ R. Means, S. Richards and R. Smith, *Community Care: Policy and Practice*, 4th edn (Basingstoke, 2008), p. 3; R. Moroney, *The Family and the State: Considerations for Social Policy* (London, 1976), pp. 129-135; R. Parker, 'Family and Social Policy: An Overview', in R. N. Rapoport, M. Fogarty and R. Rapoport, eds, *Families in Britain* (London, 1982), pp. 357-8; M. Bulmer, *The Social Basis of Community Care* (Hemel Hempstead, 1987), p. 210.

³¹ K. Rummery, 'Care: A Critical Review of Theory, Policy and Practice', *Social Policy and Administration*, 46 (2012), p. 322.

³² For example, G. Smith, *Social Need: Policy, Practice and Research* (London, 1980), p. 1.

³³ D. T. Denver and H. T. G. Hands, 'Politics 1929-74', in J. D. Marshall, ed., *The History of Lancashire County Council 1889 to 1974* (London, 1977), pp. 241-42.

³⁴ *Ibid.*, p. 231.

³⁵ J. Packman, *Child Care: Needs and Numbers* (London, 1968), p. 22.

nursing and welfare homes was also below the average; an exception was the cost of the home help service.³⁶ In a review of its work with different client groups at the end of the 1970s, Lancashire County Council noted that the improvements which had taken place in the previous three years had lifted the Council's expenditure on services for people with mental health problems to just below the average for similar authorities. The review reported that expenditure on services for people with learning disabilities was higher than the average but lower for people with physical disabilities. In relation to the residential care of children it was suggested that the Council's expenditure on residential assessment was adequate but that there was scope to increase the use of boarding out as an alternative to placement in community homes. Spending by Lancashire County Council on domiciliary care for older people during the 1970s was well above the national average.³⁷

Although assessment has become an increasingly significant function carried out by social workers in local authorities we have, along with social work in general, a limited appreciation of the history of its development. In contrast to histories of social work which have mainly referenced the secondary literature, an investigation of archives at both the national and local levels provides the opportunity of utilising the narrative mode of historical explanation to evaluate the significance of an increasingly important role of social workers in the history of social work.

³⁶ J. D. Marshall, 'The County Council in Retrospect', in J. D. Marshall, ed., *The History of Lancashire County Council 1889 to 1974* (London, 1977), p. 372.

³⁷ Lancashire County Council (hereafter LCC), Social Services Committee (hereafter SSC), Appendix C 'A Joint Strategy for the Care and Treatment of Physically Handicapped People', 23rd October 1979. Lancashire Archives (hereafter LA) LCC 2/4/6.

Chapter 2: Methodology

Within the social sciences the use of narrative has taken increasingly different forms and become more commonly used in research. Widely used by historians as a mode of writing, narrative has provided the basis of an account of the development of the assessment function of social workers in local authorities between 1950 and 1993. The narrative mode of historical writing draws on the tradition of historiography which emphasises the importance of documentary sources. In a chapter which offered an overview of debates about the validity of the narrative mode of writing Ann Rigney suggested that a basic understanding of narrative involved ‘...the representation of a set of chronologically and logically connected events’.¹ In her conclusion Rigney pointed to the continuing use by historians of chronological accounts suggesting that ‘...the basic underlying narrative structure of showing how one situation developed into another continues to inform historiographical practice across the board’.²

This chapter explains how the key issues arising from the use of historical narrative have been addressed, including the use of primary sources and the integration of analysis. A reflexive discussion about the issues for the author, which have arisen in the course of addressing the subject and its representation in a historical narrative, concludes the chapter.

Methodological approach

In meeting the requirements of the narrative mode of historical writing the chapters follow a broadly chronological sequence. To achieve a juxtaposition of descriptive content and analysis each chapter is subdivided to highlight a particularly significant

¹ A. Rigney, ‘History as Text: Narrative Theory and History’, in N. Partner and S. Foot, eds, *The Sage Handbook of Historical Theory* (Los Angeles, 2013), p. 184.

² *Ibid.*, p. 198.

dimension of context, including as Peter Burke has suggested ‘...structure - institutions, modes of thought and so on – whether these structures act as a brake on events or as an accelerator’.³ Within the majority of those sections the material utilises chronology together with discussion about the significance of the material for different aspects of the overall argument. Where the material has implications for conventional interpretations of the history of social work other sections provide a critical analysis of relevant social work literature. Allan Megill raised the issue of the extent to which a historian is able to presuppose readers’ knowledge about the sequence of events. In view of the limited familiarity with the history of social assessment in England and Wales the adoption of the narrative mode of writing enables a significant amount of descriptive material to be included.⁴

There is an expectation that current flexible forms of narrative integrate an analysis of the events and process which the narrative describes. In an established primer John Tosh drew attention to the importance of alternating between narrative and analytical modes of writing, ‘...sometimes in alternating sections, sometimes more completely fused throughout the text. This in fact is the way in which most academic historical writing is carried out today’.⁵ Similarly William Sewell Jr asserted that ‘...to narrate an event meaningfully, the historian not only must recount happenings in time, but must break from narration – that is temporarily suspend time in order to analyse, in a synchronic discursive mode, the skein of relationships that define the nature and potentialities of the objects and persons about which a story may be told’.⁶ Having selected material Tosh remarked that ‘[h]owever detailed a historical narrative may be, and however committed its author to the re-creation of the past, it never springs from the sources ready-made; many events are omitted as trivial, and those that do find a place in the narrative tend to be seen through the eyes of one particular participant or small group. Analytical history in which the writer’s

³ P. Burke, ‘History of Events and the Revival of Narrative’, in P. Burke, ed., *New Perspectives in Historical Writing* (Cambridge, 2001), p. 291.

⁴ A. Megill, *Historical Knowledge, Historical Error: A Contemporary Guide to Practice* (Chicago, 2007), p. 102.

⁵ J. Tosh, *The Pursuit of History* (Harlow, 2006), p. 156.

⁶ W. Sewell Jr, *Logics of History: Social Theory and Social Transformation* (Chicago, 2006), p. 219.

intention is to abstract the factors with greatest explanatory power, is more obviously selective'.⁷

The principal research method utilised is the interrogation of archival documents produced mainly by UK governments, local authorities in England, and the representative bodies of social workers. The process of formulating and administering national policy by examining archives at The National Archives, the records of parliamentary debates in Hansard and national policy, is addressed. Documents at archives which hold the records of selected local authorities to establish the process of implementing national policy have been accessed; including Lancashire Archives, Bristol Record Office, Greater Manchester County Record Office, London Metropolitan Archives and Liverpool Record Office.

To achieve a more detailed understanding of the changes which took place, Lancashire County Council has been used as a case study to illustrate some aspects of the implementation of policies throughout the period 1950-1993. In Robert Stake's categorisation, it is an '*instrumental case study*', which is used to achieve something other than the particular case.⁸ Between 1950 and 1972 the complete minutes of the Children's, Welfare and Mental Health Sub-Committees of Lancashire County Council have been investigated. Minutes of the new Social Services Committee, which the County Council delayed forming until 1972, were examined together with the complete holding of the minutes of the Social Services Committee of the new Lancashire County Council between 1974 and 1993. Committee minutes of the archives of the City and County of Bristol, Liverpool City Council and Manchester County Borough have also been examined at particular points to establish whether there were any significant variations between local authorities of different types.

⁷ Tosh, *The pursuit*, p. 181.

⁸ R. E. Stake, *The Art of Case Study Research* (Thousand Oaks, 1995), p. 3.

The archives of the British Association of Social Workers and some of its predecessor associations at the Modern Records Centre, University of Warwick have been examined to establish the role of representative bodies of social workers in identifying how the assessment function of social workers in local authorities should be enhanced. Material in other archives was examined to evaluate the significance of specific issues, including the London School of Economics Archive, the Wellcome Library London, and the Manchester Police Museum.

Studies of the history of social work have hitherto underutilised relevant archives in their referencing. Although archival material may have influenced the writing of general histories of social work by Younghusband, Payne, Pierson, Rogowski and Bamford, references are predominantly to the secondary literature. Indeed, in drawing heavily on the archives of four local authorities, Robin Means, Hazell Morbey and Randall Smith expressed surprise that little research had been focussed on policy, practice debates and relevant factors at the local level in the development of community care provision for older people.⁹ Exceptions have included Means and Smith's earlier study of the development of services for older people and Burnham's history of social workers which drew on a range of archives.¹⁰ Andrew Sackville's study of the influence of the British Association of Social Workers (BASW) and its predecessor organisations on the development of social work drew significantly on their extensive archive.¹¹

A number of issues arise from the extensive use of archival material. On the one hand archives enable the researcher to access material produced at the time that events took place, on the other hand they are a selective, incomplete and therefore potentially misleading record of what took place. In relation to public records Tosh suggested that '...reliability is hardly an issue, for the records are studied not as

⁹ Means, Morbey and Smith, *From community care*, pp. 5-6.

¹⁰ Means and Smith, *From Poor Law*; D. Burnham, *The Social Worker Speaks: A History of Social Workers through the Twentieth Century* (Farnham, 2012).

¹¹ A. Sackville, 'The Role and Influence of Professional Associations in the Development of Social Work as an Occupation 1900-1990, unpublished Ph.D thesis, University of Manchester, 1990. The British Association of Social Workers was formed in 1970 bringing together in a single representative organisation a number of the earlier occupational groups of social workers.

reports [of events] but as parts of a *process*...which is itself the subject of enquiry'.¹² All the documents which were examined and utilised formed part of the archive of reputable organisations; they were written by people who were actively involved in the process of developing and implementing policy. They were produced either by a group of people, for example a working party, for wider reading or by individuals for consideration by a group, for example a committee. The overwhelming majority of reports included the name(s) of the responsible author(s), invariably a senior officer, and committee minutes were initialled by the chair as an accurate record.

In immersing themselves in an archive and ensuring familiarity with their subject historians are better able to judge whether material is more widely representative of the period under review. Familiarisation with the general history of social work has taken place in a number of ways. A wide range of secondary literature was read and prior to the focus on assessment ten semi-structured interviews were carried out with people who had a wide range of responsibilities in social work from the mid-1950s onwards, including the development of national policy for social work within the civil service and local government. Although research and surveys between 1950 and 1993 found that there were differences in the quality of social workers' assessments the requirements of national policy and, in the 1980s, collaboration between local authorities ensured that some progress towards developing assessment took place in each local authority.

Tosh argued that what is important in historical research is not the identification of a particularly authoritative source but to bring together material from as wide a range of sources as possible.¹³ Nevertheless, Anna Green and Kathleen Troup pointed out that it is invariably impossible for historians to acquaint themselves with all relevant existing archival source material.¹⁴ In drawing on material in a significant number of documents over a period of forty three years from three principal archives and in relation to all principal client groups it has been concluded that the documentation

¹² Tosh, *The pursuit*, p. 101.

¹³ *Ibid.*, p. 103.

¹⁴ A. Green and K. Troup, 'The Empiricists', in A. Green and K. Troup, *The Houses of History* (Manchester, 1999), p. 5.

examined in archives was broadly representative of the social policy concerns of the period.

There is an inevitable uncertainty about the extent to which the documents which have been accessed are representative of the different points of view and difficulties experienced by the respective institutions in which they originated. A process of selection will have taken place in deciding which documents to publish or deposit in an archive and which to withhold.¹⁵ Nevertheless, documents accessed at The National Archives contain material in which differences of opinion, recognition of the limitations of current policy, as well as broader agreement about the general direction of policy are found. In accessing the complete record of earlier committee and Social Services Committee minutes for Lancashire County Council between 1950 and 1993, problems arising from consistency in relation to the presentation of those particular records have not arisen, although the extent to which they represented the practice of social workers cannot be established. It was not possible to access other records of the Council, for example a 'freedom of information' request to access a series of 'management instructions to staff' to evaluate how the specific expectations of staff in relation to assessment were expressed over a period of time, was refused. Most of the documents accessed in the BASW's and its predecessor organisations' archives were published policy statements which represented the agreed view of the representative body.

One of the principal difficulties experienced by historians is that they are unaware of the extent and nature of material which is no longer available. Tosh advised that '...the majority of sources are in some way inaccurate, incomplete or tainted by prejudice and self-interest'.¹⁶ In some situations documents are destroyed simply because they take up too much space. Access to client records was not sought and would have been more appropriate to a study of the standards and quality achieved in assessment, at least the recording of it. In meeting the requirements of legislation and national social policy for assessment, together with the accountability of

¹⁵ *Ibid.*, p. 102.

¹⁶ *Ibid.*, p. 103.

democratically elected councillors to the public, local authorities were expected to provide at least a limited measure of formal reporting of their activity.

A further limitation of archival material is revealed in local authority archives. Throughout the period 1950-1993 the business conducted by the various committees of all local authorities focused primarily on the principal areas of expenditure, for example the costs of buildings and staffing and on the requirements of government policy. The work and organisation of social workers was rarely discussed in any detail at the level of the Committees in the archives which were examined. Indeed, in local authority reports and minutes the work of assessment was frequently referred to without reference to the social workers who carried it out. To some extent the limited references to assessment and the work of the social workers involved eased the process of selection of material from archives.

Having discovered relevant source material Tosh suggested that the qualities of the historian came to the fore in interpretation, stating that ‘...the historian has to be able to perceive the relatedness of events and to abstract from the mountains of detail those patterns that make best sense of the past: patterns of cause and effect, patterns of periodization...patterns of groupings...’.¹⁷ He further suggested that the process involved the historian in using imagination to interpret significance in relation to political, social and economic conditions and to other documents.¹⁸ Ludmilla Jordanova similarly drew attention to the importance of interpretation. Pointing to the use of archives as a fundamental part of the experience of historians, Jordanova highlighted potentially affective dimensions of that work. She wrote about the privilege historians might feel in being able to connect directly with the past and possibly in relation to sources accessed by relatively few people: she suggested that historians should reflect on what the attraction meant to them.¹⁹ However, Jordanova warned against focussing predominantly on the research itself, advising

¹⁷ *Ibid.*, p. 164.

¹⁸ *Ibid.*, p. 165.

¹⁹ L. Jordanova, *History in Practice* (London, 2000), p. 187.

that historical achievement is gained in interpretation and the skill of writing the narrative.²⁰

Although the narrative mode of writing continues to be used by most practicing historians its utility as a form of writing in being able to represent the past has been brought into question. Space only permits a brief reference to some key issues. From a historical sociology perspective Philip Abrams argued that the effect of a narrative was to persuade the reader to accept the selection of material and interpretation and also advised that the narrative causal accounts of some historians were based more on rhetorical form and convention rather than systematic analysis.²¹ Drawing on postmodernist thought, the extent to which it is possible to identify reality in the past, let alone recreate it, has been increasingly questioned by some philosophers of history.²² Alun Munslow who described himself as a ‘multi-sceptic and ironic’ historian, has characterised the traditional approach of historians as ‘empirical-analytical foundationalism’.²³ He suggested that ‘...*verifying* the evidence of what once occurred is not the same philosophical category as *representing* the past...’ and that although conventional historians recognised that they are providing an interpretation, they do it on the basis that it is possible to get closer to the truth about the meaning of what happened in the past.²⁴ Munslow asserted that the process of using information in a source from the past, placing it in a context and achieving an understanding of what was intended, introduced too many uncertainties about the extent to which the information was representative of the past.²⁵ Munslow argued that because we are unable to be directly in touch with the past and that all history is mediated, and in a wide range of forms which included language, what we ‘know’ cannot be said to represent any kind of reality or truth.²⁶

²⁰ *Ibid.*, pp. 187-88.

²¹ P. Abrams, *Historical Sociology* (Shepton Mallett, 1982), p. 307.

²² Post-modernist theorising points to the failure of ‘modernity’ to establish order and certainty based on a scientific approach to resolving social problems. It argues that there are no centres of truth and authority and that we live in an age of relativity characterised by pluralism, uncertainty, multiple identities.

²³ A. Munslow, *The Future of History* (Basingstoke, 2010), p. 15.

²⁴ *Ibid.*, p. 104.

²⁵ *Ibid.*, p. 19.

²⁶ *Ibid.*, p. 37.

Reflexivity

Awareness of the subjectivity of the historian as author has led to me engaging in a reflexive approach in shaping each aspect of the research process: the focus of the research on the assessment function of social workers, archival research and the use of historical narrative, and the interpretations which have been made about the history of assessment and of social work more widely. In developing awareness of the way my personal, professional and research experiences have impacted on how the research was carried out, my assumptions and preferences about social work and the study of history have been subjected to a self-critique.

The importance of historians engaging in a reflexive approach to their work has been increasingly recognised. Richard Evans attributed the change to the influence of postmodernist perspectives on the recognition by historians of the importance of addressing their own position as a person in relation to their subject; the historian's own subjectivity.²⁷ More specifically Tosh expected that historians would scrutinise their own values and assumptions in relation to the subject of study and reflect on why they are attracted to a particular focus. Nevertheless, he recognised that the historian can never entirely dissociate themselves from their subject, concluding that there '...there will always be a plurality of interpretation'.²⁸ However, for Munslow the middle ground taken by Evans and Tosh did not go far enough. He asserted that most historians failed to acknowledge the extent of their subjectivity and that '...they must openly turn to their own morality/ethics for their engagement with the past...the concept of 'the historian' must be fundamentally rethought'.²⁹ Munslow argued that it was not possible for a historian to know the intentions of a writer in the past, that we do not share the same categories and concepts as people in the past and fundamentally that because the past has not handed itself down as a narrative with a particular meaning, '...history should be acknowledged as an aesthetic and fictive

²⁷ R. J. Evans, *In Defence of History* (London, 2000), p. 248.

²⁸ Tosh, *The pursuit*, pp. 207-8.

²⁹ Munslow, *The future*, p. 102.

activity with all that entails'.³⁰ His position was that knowledge from sources about the past continued to be important, but that historians as authors with their aesthetic choices were only able to construct histories which had ethical, moral, political and ideological rather than representational value.³¹ Nevertheless, Rigney has countered that although the historian is free to select and connect events to construct the story in a way which supports an interpretation or argument, the historian is constrained '...both by the nature of events themselves and by the importance of convincing others of the validity of the interpretation'.³²

Although I have based my approach to historical explanation on the positions taken by Evans, Tosh and Rigney in relation to our ability to represent the past I am mindful of the emphasis Munslow has placed on the historian's purpose. In particular I value my identity as a social worker and believe that enhancing the professionalisation of the occupation can contribute to improving the lives of people who experience disadvantage. My experience as a qualified social worker, during the 1990s in a long term children and families team, is balanced by earlier experience working in institutional and residential care and subsequent experience as an academic. None of my work roles have involved a specific focus on assessment. Writing from the 'standpoint', to use Munslow's language, of a positive view of the contribution which social work can make to society may have resulted in exaggerating the extent to which the assessment function of social workers became a unifying influence on their emergence as a single occupational group and emerging profession between 1950 and 1993. I therefore regard the interpretations advanced in the thesis as a contribution to enhancing knowledge rather than the provision of a more authoritative account of the history of social work.

Reflecting on the history of social work literature, it is apparent that references are typically made to the secondary literature rather than to primary material. As an alternative approach I decided to use a historical methodology which made extensive

³⁰ *Ibid.*, p. 105.

³¹ *Ibid.*, p. 123.

³² Rigney, *History as text*, p. 191.

use of archives. I have noted Herman Paul's call that philosophers of history, who have focussed primarily on the historian's product, that is the narrative form of writing, should give more attention to the process which they use in examining material in archives. To enhance that approach Paul advocated the application of the concept of 'epistemic virtue' in terms of '...intellectual openness (to alternative causal relationships), honesty (about evidence), and fairness (in weighing evidence or causal factors)', as a tool for the interpretation of scholarly performance.³³

Social theory has also been significant in conventional interpretations about the history of social work suggesting, for example, that social work was at its peak in the early 1970s (influenced in part by the end of 'welfarism' as a dominant ideology in the mid-1970s) and that social work experienced fragmentation in the early 1990s (influenced by postmodernist perspectives). Historians and social scientists have traditionally considered their disciplines to be distinctly separate fields of study. Noting this state of affairs Sewell Jr contrasted the field of social science '...which aims to establish general laws or at least valid generalizations [and are] defined by their theories and formal methodologies...' with history, which '...is more informally (but no less effectively) defined by its careful use of archival or "primary" sources, its insistence on meticulously accurate chronology, and its mastery of narrative'.³⁴ Although Sewell Jr advocated an active engagement of historians and social scientists in developing theory which they held in common, Burke envisaged a more cautious approach. He acknowledged an overlap, that empiricists and theorists were two ends of a spectrum rather than two close-knit groups, but that nevertheless '...historians, like ethnographers offer reminders of the complexity and variety of human experience and institutions which theories inevitably simplify...[w]hat theories can do...is to suggest new questions for historians to ask about 'their' period...'.³⁵ Similarly, Sally Sheard asserted that whereas sociological research works towards establishing a particular focus,

³³ H. Paul, 'Performing History: How Historical Scholarship is Shaped by Epistemic Virtues', *History and Theory*, 50 (2011), p. 9.

³⁴ Sewell Jr, *Logics of history*, p. 3.

³⁵ P. Burke, *History and Social Theory* (Bristol, 2005), p. 188.

historical analysis is most useful for the way in which it identifies divergent views and interpretations.³⁶

The present study has therefore proceeded on the basis of Evan's conclusion that '[h]istory is an empirical discipline, and it is concerned with the content of knowledge rather than its nature. Through the sources we use, and the methods with which we handle them, we can, if we are very careful and thorough, approach a reconstruction of past reality that may be partial and provisional, and will certainly not be objective, but is nevertheless true...even if the truth they tell is our own, and even if other people can and will tell them differently'.³⁷

³⁶ S. Sheard, 'History in Health and Health Services: Exploring the Possibilities', *Journal of Epidemiology and Community Health*, 62 (2008), p. 742.

³⁷ Evans, *In defence*, pp. 249-50.

Chapter 3: The investigation and review of social problems in the 1950s

The establishing of the welfare state following the Second World War formed the backdrop to the development of the personal social services during the 1950s. Because of the popularity of the measures introduced by the Labour governments which were elected in 1945 and 1950, the three Conservative governments which were elected during the 1950s maintained the broad level of social welfare and other social services provision. The specific contribution which social workers in the newly established Children's, Public Health, Welfare and Housing Departments of local authorities could make to that policy was increasingly addressed throughout the decade. Nevertheless, because of commitments to foreign policy and other domestic priorities governments considered it necessary to limit expenditure on social welfare until the end of the decade, when spending restrictions were lifted.

This chapter critically discusses the influences within social work and external to it which started to bring about changes in the investigation and assessment work of occupational groups of social workers. Highlighting the work of all social workers in the investigation of specific problems and applications for particular forms of help, it draws attention to the short term nature of most of the cases referred to them. The assertions which groups of professionally qualified social workers made about the problems which they should be responsible for investigating are addressed, together with a critical evaluation of the impact of their work settings on the scope which they had for bringing about changes. The chapter concludes by examining a number of reviews into social problems established by Labour and Conservative governments in the late 1940s and 1950s which recommended the appointment of increasing numbers of social workers in local authorities. Attention is drawn to the influence of wider government policy for the provision of support to families and to the emerging policy of community care on the recommendations of the reviews.

The investigations carried out by social workers in local authorities, hospitals and clinics

During the 1950s occupational groups of social workers with different traditions and training were employed by hospitals, clinics, local authorities, probation committees and voluntary organisations. Professionally qualified almoners and psychiatric social workers worked almost exclusively in hospitals and child guidance clinics whereas mental welfare officers and welfare officers together with a large number of unqualified child care officers mainly worked for local authorities in Health and Welfare Departments and Children's Departments. Local authority social workers usually referred to the early stage of dealing with a referral as an investigation; a role which was normally associated either with obtaining information for a clearly defined purpose following an application made for a specific service or ascertaining whether a person should be placed in an established category of need and their name recorded on a register.

Following the requirement of local authorities under the Mental Deficiency Act 1913 to appoint enquiry officers, the first duty of mental health workers who worked with people with learning disabilities during the 1950s was described as '[i]nvestigation for the purpose of ascertaining mental defectives'.¹ Similarly, Manchester County Borough referred to the investigation of cases, in relation to supervision by its mental health workers and work relating to the new policy of admitting people with learning disabilities to periods of short term institutional care.² In its work with people with learning disabilities the London County Council suggested that most of the work involved making enquiries prior to ascertainment and the return of patients from hospitals to their homes, '[t]he bulk of the social work in this sphere,

¹ National Joint Council for Local Authorities' Administrative, Professional, Technical and Clerical Services, 'Social Workers Employed By Local Health Authorities Amended Scales of Salaries as from 1st April 1951', p. 1. Modern Records Centre (hereafter MRC) MSS.378 P/20/4: 19.

² Manchester County Borough, Mental Health Sub-Committee, 1st November 1955, 'Staffing Arrangements – Mental Health Service', p. 1. Greater Manchester County Record Office (with Manchester Archives) (hereafter GMCRO/MA) Vol 3, p. 113.

comprising the necessary inquiries prior to ascertainment and relating to the return home of those in hospitals'.³

With the transfer of responsibilities of the Poor Law to local authorities in 1930, the Mental Treatment Act 1930 required them to appoint duly authorised officers to carry out the responsibilities which relieving officers had towards people with mental health problems. In the 1950s Manchester County Borough referred to the 'visits of investigation' by its duly authorised officers.⁴ A further task of mental welfare officers was to make reports about the home circumstances of patients who were admitted to mental hospitals and for the purpose of making decisions about discharge and after care from hospital. Psychiatric social workers had previously been responsible for home circumstances reports but because of the shortage of posts and increase in demand for reports the work was increasingly carried out by mental welfare officers employed by local authorities. For example, Lancashire County Council reported that its mental welfare officers wrote 680 case histories for people who were admitted during 1949.⁵ A few local authorities started to employ psychiatric social workers, Manchester County Borough employed two in 1954 and agreed to sponsor a trainee with their work involving 'long and patient investigation'; caseloads were therefore limited to about 150.⁶ Bedfordshire seconded a mental welfare officer, an ex-relieving officer, to the psychiatric social work course at the University of Edinburgh who returned to work in 1953.⁷ However, very limited progress was made by local authorities in the employment of qualified social workers during the 1950s to work with people who experienced mental health problems or people with learning disabilities, or to reduce caseloads.

³ London County Council, Joint report (20-1-60) by medical officer of health and chief officer of the welfare department, 'National Health Service Act 1946, Mental Health Act 1959', p. 1. London Metropolitan Archives (hereafter LMA) LCC PH/GEN/2/23.

⁴ Manchester County Borough, Mental Health Sub-Committee, 1st November 1955, 'Staffing Arrangements – Mental Health Service', p. 2. GMRO/MA Vol 3, p. 114.

⁵ LCC, Mental Health Sub-Committee, 20th June 1951, 'Mental Illness'. LA CC HSM/1.

⁶ Manchester County Borough, Mental Health Sub-Committee, 5th October, 1954 'Trainee Psychiatric Social Worker'. GMCRO/MA Vol 2, p. 469.

⁷ C. W. French, *A History of the Development of the Mental Health Service in Bedfordshire 1948-1970* (Bedford, 1971), p. 5.

During the 1950s local authorities employed relatively few welfare officers in their Health and Welfare Departments to work with older people and people with physical disabilities. Their duties were outlined in the Ministry of Health Circular 32/51 which required them ‘...to ascertain the existence of and needs of handicapped persons...’ and to establish a register of disabled people.⁸ However, the Circular made it clear that no additional resources would be made available to extend the existing range of services.⁹ The variable impact of the Circular was addressed in a review of services provided for people with physical disabilities, which noted that because registration varied greatly between local authorities it could not provide a basis for the wider assessment of need.¹⁰ A further duty was officially stated to be the investigation of and reporting on applications for residential accommodation because of age or disability.¹¹ Confirmation that the role of welfare officers included receiving and investigating applications to residential accommodation and carrying out investigations into people’s applications for services was outlined in a Joint Report by the County Councils Association, the Association of Metropolitan Councils and London County Council.¹²

The literature of the period confirmed the limited nature of the enquiries made by most welfare officers and the short term nature of most of their work. Peter Townsend estimated that in 1958-9 there were no more than 850 welfare officers for older people, many of whom had other duties as well.¹³ He concluded that in nearly all local authority areas the work of welfare officers with older people was dominated by issues of admission to a residential home. There were a few exceptions, for example Wakefield where two welfare officers were involved in providing advice and assistance to enable older people to live in their own homes

⁸ MoH, Circular 32/51, *Welfare Services for Handicapped Persons other than the Blind and Partially Sighted*, p. 6. London School of Economics Archive (hereafter LSEA) Titmuss 4/599.

⁹ *Ibid.*, p. 2.

¹⁰ J. H. Nicholson, *Help for the Handicapped: An Enquiry into the Opportunities of the Voluntary Services* (London, 1958), p. 76.

¹¹ Ministry of Health (hereafter MoH), Ministry of Health Advisory Council for the Welfare of Handicapped Persons, ‘Memorandum of Committee appointed to consider the training and qualifications of Welfare Officers for Welfare Services provided under Section 29 of the National Assistance Act, 1948’, Appendix 1 to ACH/TC/53/1, p. 2, 1953. LSEA Titmuss 4/599.

¹² Association of Municipal Corporations, ‘Training and Qualifications of Social Workers’, 8th February 1955, p. 4. MRC MSS.463 EY/ B4/1.

¹³ P. Townsend, *The Last Refuge* (London, 1962), p. 232.

and Blackburn which had an experimental visiting scheme.¹⁴ Townsend's observation of welfare officers at work was overwhelmingly of the haste with which visits were made with information being obtained typically during one visit. Further visits to doctors, relatives and other people were rarely carried out and the information was usually for administrative rather than diagnostic purposes.¹⁵ The picture was confirmed by Sydney. K. Ruck who observed that the welfare officers of most Greater London Councils were in effect admitting officers, of older people to residential accommodation. Where visits were made they were primarily for the purpose of checking who should still be on a waiting list.¹⁶

Referrals to local authority Children's Departments mainly involved child care officers in the investigation of applications for children to be received into care. Formal reports of the work of some of the Departments referred to the thoroughness of their work. Birmingham City Council claimed that it carefully investigated every application to receive a child into care adding that every applicant was told an investigation would take place.¹⁷ Investigations aimed at establishing whether parents were trying to evade their responsibility.¹⁸ A short social history was obtained and it was stated that the '...next stage is to assess and understand the facts...'.¹⁹ The Liverpool Children's Department described its work in a similar way, suggesting that there was plenty of scope for child care officers to engage in enquiry work because all applications for reception into care were thoroughly investigated by the child care officers with a view to avoiding the breaking up of a family.²⁰

Nevertheless, Kenneth Brill's analysis of the reports of Home Office Children's Department inspectors, whose inspections included a review of case papers,

¹⁴ *Ibid.*, pp. 233-34.

¹⁵ *Ibid.*, pp. 235-36.

¹⁶ S. K. Ruck, *London Government and the Welfare Services* (London, 1963), p. 21 and p. 24.

¹⁷ E. J. Holmes, *The First Four Years: The Report of the Children's Officer of the City of Birmingham for the Period from February, 1949 to January, 1953* (Birmingham, April 1953), p. 12.

¹⁸ *Ibid.*, p. 19.

¹⁹ *Ibid.*, p. 23.

²⁰ Liverpool Children's Committee, *Then and Now: Report on the Work, Organisation and Development of the Liverpool Children's Department 1949-1963* (Liverpool, 1963), p. 10.

concluded that there was limited broader discussion within Children's Departments between 1948 and 1971 about the role of the social worker in the investigation of applications for children to be received into care.²¹ Moreover, up to 1963 some inspectors' reports paid little attention to issues arising from the investigation of those applications and it was assumed that being in care was 'a good thing'.²² Brill concluded that, contrary to the claims of Children's Departments, the reasons given by parents were frequently accepted without a thorough investigation.²³ The limited consideration which child care officers and inspectors gave to working with parents and considering alternatives to care was also confirmed by the reports of the inspectors.²⁴ Claims made in the Annual Reports and other publications of Children's Departments that all applications were investigated thoroughly probably reflected a concern of the period, that the welfare state would encourage families to absolve themselves of responsibility for their dependants.

Although most of the work of child care officers during the 1950s involved them in responding to applications for children to be received into care, some Children's Departments introduced work which provided support for the care of children in their own home or placement with relatives. For example, Lancashire County Council started an experiment in two of its areas and drew attention to the painstaking work which was involved in preventing children going into care. It pointed to both the benefit to children as well as the economic advantages and decided to extend the scheme to three further areas.²⁵ Brill referred to the fourth report of Gloucestershire County Council which noted that a number of children had been prevented from being admitted into care because of the work of the home help service.²⁶ On the other hand Liverpool City Council pointed to the lip service which was paid to the development of its preventive work during the 1950s.²⁷

²¹ K. Brill, 'The Curtis Experiment', unpublished Ph.D. thesis, University of Birmingham, 1991, p. 125.

²² *Ibid.*, p. 138.

²³ *Ibid.*, p. 198.

²⁴ *Ibid.*, p. 138 and p. 171.

²⁵ LCC, Children's Committee, 1st July 1953, 'Modification of Area Organisation and Proposals for its Extension'. LA CC/CWM/5.

²⁶ Brill, *The Curtis experiment*, p. 71.

²⁷ Liverpool Children's Department, *Then and now*, p. 34.

The relatively short periods of time which most children spent in care evidences how the investigation work of child care officers did not usually lead to a period of longer term involvement with cases. In Jean Packman's study of fifty Children's Departments in England and Wales, following the work of investigating applications for admission to care only 38% were accepted. Moreover, the confinement of mothers or parental short term illness was the main reason for 51% of admissions to care during the twelve month period to March 31st 1963. Nevertheless, she found that only 7% of the children in care on that date were in short term care.²⁸ Brill pointed out that the conceptualisation of the Curtis Committee of the child care officer as a person with whom a child in care could establish a continuing relationship was only relevant to a small core of children who were in care or who needed prolonged support at home. For example, there were many mobile families who regularly moved from one area to another and for which cases were closed.²⁹ Indeed, in some areas child care officers were not initially involved in making decisions about the reception of children into care. David Donnison and Valerie Chapman described how child welfare officers in Area 5 of London County Council only started to become responsible for the reception of children into care after 1953, a process which had previously been the responsibility of an administrator.³⁰

The work of hospital almoners and psychiatric social workers was also dominated by a range of short term tasks which they carried out at the specific request of medical staff or patients, including those which it was thought did not require the skills of a qualified social worker. It was suggested that the provision of appliances, transport arrangements, waiting lists, issuing medical certificates and collecting information for medical contributory schemes and government departments by hospital almoners could be carried out by other staff.³¹ However, requests for services such as convalescence, liaison with local health authorities for a wide range of after-care services and recommendations for placement in suitable work were considered to

²⁸ Packman, *Child care*, p. 16.

²⁹ Brill, *The Curtis experiment*, p. 115.

³⁰ D. V. Donnison and V. Chapman, *Social Policy and Administration: Studies in the Development of Social Services at the Local Level* (London, 1965), p. 103.

³¹ The Institute of Almoners, *Memorandum Based on a Survey of The Almoner Service (with appendices)* (March 1953), p. 2. The National Archives (hereafter TNA) MH 123/470.

require a 'proper assessment', to ensure that the request was appropriate and that the patient co-operated with the plan. The work of hospital almoners and psychiatric social workers in providing reports about patients' home circumstances to doctors was also regarded as a particularly important part of their role.³² Some almoners were also involved in providing information to doctors to help decide whether an older person should be admitted to hospital.³³

The dominance of short term work by psychiatric social workers in mental hospitals and clinics was also noted. Noel Hunnybun reported that in some busy hospitals and clinics a psychiatric social worker was mainly involved in taking social histories, providing advice and responding to the immediate problems which families experienced; in others where physical treatments were increasingly used the social worker's role was to explain the treatment to relatives.³⁴ The provision of home circumstances reports to the psychiatric team to help decide what form treatment should take, but without further involvement, formed a significant part of the role of psychiatric social workers.³⁵ Timms's research into a sample of child guidance cases between 1936 and 1957 demonstrated that of the 235 cases chosen, 70 only involved one interview by the psychiatric social worker. The work sometimes involved a report to the juvenile court or ended because of the client's withdrawal. Because there were 14 cases with 16 or more interviews Timms regarded the modal value of the number of interviews to be two, a clear indication of the dominance of short term work.³⁶ In relation to the work of psychiatric social workers in mental hospitals Kay McDougall pointed to the way in which the shorter stay and faster turnover of mental hospital patients during the 1950s resulted in shorter contacts with patients and their relatives, including the provision of social histories at out-patient clinics which involved no further intervention.³⁷

³² *Ibid.*, p. 2.

³³ MoH, *Survey of Services Available to the Chronic Sick and Elderly 1954-1955* (London, 1957), p. 30. (Boucher Report).

³⁴ N. Hunnybun, 'Psychiatric Social Work', in C. Morris, ed., *Social Case-work in Great Britain*, 2nd edn (New York, 1955), p. 111.

³⁵ N. Timms, *Psychiatric Social Work in Great Britain (1939-1962)* (London, 1964), p. 151.

³⁶ *Ibid.*, p. 102.

³⁷ K. McDougall, 'The Psychiatric Social Worker in the Mental Hospital', *Case Conference*, 5 (1958), p. 46 and p. 44.

The dominance of short term work conflicted with the preference of most hospital almoners and psychiatric social workers to explore the scope for developing long term social casework as an intervention which would provide their respective professions with a professional identity. Moreover, during the 1950s social casework as a method of working was being increasingly explored as the basis for the emergence of a single social work profession. The primary concern of qualified social workers with the development of long term social casework led to a focus on the development of the theoretical basis of its study and diagnosis stages rather than the theoretical development of the investigation stage of the wider range of referrals, the majority of which involved short term work.

Nevertheless, recognition started to be given to the way in which the knowledge and skills being developed for the diagnosis stage of social casework could be extended to the investigation work of unqualified groups of social workers. Pauline Shapiro recognised that they were relevant to the work of the thousands of mental welfare and welfare officers employed by local authorities in ascertainment and referral and suggested that they should be helped to develop skills through lectures and courses. Referring to the reliance of social caseworkers on texts from the USA she pointed to the need for English textbooks about casework principles and methods, and family relationships.³⁸ Kay McDougall and Una Cormack expected that the skills involved in casework would ultimately filter through in a diluted form to workers who were not qualified.³⁹ Moreover, the extent of short term contacts led Timms to conclude that a study of their characteristics and how casework skill could be adapted to meet clients' expectations in those situations was justified.⁴⁰ Robert Holman also addressed the issue, suggesting that although an important part of a child care officer's job, short-stay work was often regarded '...as outside the scope of

³⁸ P. Shapiro, 'The Caseworker, the Welfare Officer and the Administrator in the Social Services: 1', Association of Psychiatric Social Workers, A Report on a Residential Refresher Course, *The Boundaries of Casework* (London circa 1956), pp. 83-84.

³⁹ U. Cormack and K. McDougall, 'Case-work in Social Service', in C. Morris, ed., *Social Case-work in Great Britain* 2nd edn (London, 1955), p. 33.

⁴⁰ Timms, *Psychiatric social work*, p. 118.

casework, an attitude which is encouraged by the scant attention paid to it in child care textbooks and training courses'.⁴¹

Whereas the term investigation was widely used in local authorities, the term assessment occurred more prominently and consistently in descriptions of the work of children's residential establishments such as Reception Centres, Residential Nurseries and Classifying Schools. In that context the term related either to psychological and medical testing or to making an assessment of the type of care a child needed. Lancashire County Council referred explicitly to the role of its Reception Centres in assessing the needs of children who were expected to stay in long term care.⁴² The term 'assessment of needs' was occasionally used during the 1950s in Ministry of Health documents, for example in the Boucher Report and the annual report of the Ministry of Health for 1958, which suggested that there should be '...correct assessment of the needs of individual patients at an early stage of their illness and case conferences...to agree on the most suitable form of care...'.⁴³

During the 1950s reference was increasingly made to the importance of recognising the extent and complexity of people's needs. Throughout his inaugural lecture at the University of London in 1951, which suggested that the study of social administration had become significantly more important, Richard Titmuss referred to the importance of understanding social needs in a changing society.⁴⁴ Moreover, the increasing knowledge about people's needs which was acquired through the study of psychology and the expansion of welfare state provision also led to a growing awareness of the multi-faceted nature of people's needs. For example, the recommendations of the Advisory Council for the Welfare of Handicapped Persons for the training of welfare officers stated that the worker would be required to understand the needs of a handicapped person as a whole.⁴⁵ As a result of this

⁴¹ R. Holman, 'Through a Year with a Child Care Officer, *Case Conference*, 11 (1964), p. 150.

⁴² LCC, Children's Committee, 7th January 1953, 'County Children's Officer'. LA CC CWM/5.

⁴³ MoH, *Survey of Services*, p. 37; MoH, *Report of the Ministry of Health for the Year 1958* (November 1959), p. 125.

⁴⁴ R. M. Titmuss, 'Social Administration in a Changing Society', in R. M. Titmuss, ed., *Essays on 'The Welfare State'*, 2nd edn (London, 1963), pp. 13-33.

⁴⁵ MoH, *Ministry of Health Advisory Council*, p. 6.

growing recognition a tension emerged between services which continued to be provided on the basis of the collective needs of groups of people under the continuing influence of the Poor Law, and expectations that provision would meet needs on an individual basis.

To meet those expectations there were indications towards the end of the decade that the enquiries of some social workers involved them in obtaining more information about the wider circumstances of children, young people and adults. For example, a review of the assessment work of psychiatric social workers towards the end of the decade pointed out that whereas they had previously provided a general social history, more recently they were being asked for an ‘...assessment of the total situation...or a clarification of one or more particular aspects of the patient’s functioning in the social environment...’ as well as traditional social histories.⁴⁶ However, the principal focus of psychiatric social workers on their work with individual clients was confirmed by the observation that patients had the choice whether to involve their relatives.⁴⁷ The importance of acquiring as much information about a family as possible and making a detailed case record was emphasised in the development of preventive work in Children’s Departments.⁴⁸ Brill identified a change in the reports of child care officers and Home Office inspectors from 1957 onwards which recognised the importance of children’s feelings about their parents.⁴⁹

The expectations that social workers should address a wider range of needs started to be addressed by local authorities with both an increase in their staffing and recognition that a change of focus to their work was necessary. For example, officers of Lancashire County Council recommended that more social case workers

⁴⁶ Association of Psychiatric Social Workers (hereafter APSW) ‘Report of the Working Party on the Functions of the Psychiatric Social Worker in the Adult Field’ (circa 1959), p. 1. MRC MSS 378 P13/3:19a.

⁴⁷ *Ibid.*, p. 1.

⁴⁸ Association of Children’s Officers (hereafter ACO), ‘Memorandum of Evidence on Preventive Casework, Prepared for Ministry of Health Working Party on Social Workers: January 1957’, p. 7. MRC MSS.378 CO 1/3: 2f. The Association of Children’s Officers was formed in 1949.

⁴⁹ Brill, *The Curtis experiment*, p. 196.

should be appointed to strengthen the preventive work of the Health Committee in its work with families in Part 111 accommodation, where more intensive work was required to enable parents to resume care of their children who were in the care of the Children's Department.⁵⁰ In a comprehensive report about its provision of services to people with physical disabilities the Council asserted that the guiding principle of its welfare service was to ensure that all people with physical disabilities should be provided with the maximum opportunity of being involved in the life of the community; realising their abilities to the full, enhancing their self-confidence and strengthening their social contacts.⁵¹

The investigations carried out by social workers in hospital, clinic and local authority settings during the 1950s involved a wide range of referrals for which a systematic approach to investigation either within or between occupational groups of social workers had not been widely developed. However, towards the end of the decade there was a recognition that services should be provided on a more informed basis about the individual and wider circumstances of children, young people and adults which drew attention to the importance of developing assessment in short term cases as well as with a view to long term work.

The significance of the assessment of social and emotional needs by social workers

The work of representative bodies of social workers was an important influence on the increasing recognition by many local authorities of the extent and complexity of people's needs. In response to government reviews into social problems during the 1950s they took the opportunity to emphasise that it was the identification of

⁵⁰ LCC, Children's Committee, 15th March 1956, Appendix A 'Notes for Meeting of Representatives of the Health and Children's Committee...on Wednesday 15th February 1956'. LA CC CWM/6.

⁵¹ LCC, Welfare Services Sub-Committee, 6th February 1957, Agendum No. 18 'Scheme for the Provision of Welfare Services for Handicapped Persons Other than the Blind, Partially-Sighted and Deaf and Dumb', p. 1. LA CC HWM/4.

people's social and emotional needs which differentiated the work of social workers from other occupations, particularly health visitors.⁵²

In the early 1950s the Association of Children's Officers produced papers on a wide range of issues which together asserted that the social and emotional needs of children were not being adequately addressed. In its evidence to the Underwood Committee, the Association pointed out that the definition of maladjustment in the Education Act 1944 only permitted the provision of treatment on the basis of educational need. Further, it argued that ascertainment and treatment should reflect a child's social and emotional needs, for example a carefully planned foster placement, not just the availability of a special school placement.⁵³ The Association also pointed out that Children's Departments had a role in the placement of children under private fostering arrangements in carefully selected homes which would address their emotional needs, or making an informed decision which would provide for permanent separation of a child from its family.⁵⁴ In response to a review of the work of juvenile courts it referred to what it considered to be the undue emphasis on material conditions which sometimes led courts to separate children from their parents without sufficient cause.⁵⁵ Emphasising the importance of children's social and emotional needs in its memorandum on adoption, the Association stressed that the institution of adoption was for the benefit of children not adopters.⁵⁶

An emphasis on the importance of assessing the social and emotional needs of children was clearly illustrated in a report by the Children's Officer for Lancashire County Council. It suggested that whereas earlier decades had seen progress in relation to children's physical and mental development with tests which could measure physical growth and assess a child's mental ability, less attention had been paid to the emotional needs of children, probably because they were more difficult to

⁵² Health visitors were sometimes referred to as social workers.

⁵³ ACO, Ministry of Education Committee on Maladjusted Children, 'Evidence submitted by Association of Children's Officers, December 1951', pp. 1-2. MRC MSS.378 CO 1/1:11a.

⁵⁴ *Ibid.*, pp. 3-5.

⁵⁵ ACO, 'Memorandum on Cruelty', p. 1. MRC MSS.378 CO 1/1: 15a.

⁵⁶ ACO, 'Memorandum to the Departmental Committee on Adoption', p. 1. MRC MSS.378 CO 1/1: 17a.

study and assess.⁵⁷ Although recognising the commonly held view, that children from problem families should be separated from their parents, the report argued that a child's needs could only be completely provided for within its family circle; and that even a poor home environment where there was fondness for the child and the child was happy might be better compared to public care.⁵⁸

The Association of Social Workers also noted that public opinion did not necessarily accord with the interests of children with social and emotional difficulties.⁵⁹ It took the view that social workers were responsible for promoting a healthy society as well as dealing with individual cases of family breakdown and that although public opinion generally called for harsher punishment of parents and removal from their parents following cruelty and neglect, where children were removed the difficulties often re-appeared in the next generation. The Association argued for more involvement of social workers in the prevention of family breakdown and a greater reluctance to agree to plans which involved the early separation of children from their mothers.⁶⁰

The establishment of the Jameson Committee in 1953 and Younghusband Working Party in 1955 sought to clarify the respective responsibilities of health visitors and social workers in local authority health and welfare services with both being required to inquire into 'the proper field of work'.⁶¹ The bodies were established in the context of a society which was moving towards an acceptance of the increased involvement of welfare officials visiting people in their homes but also growing concern about the possible duplication or overlap of the work involved and multiple

⁵⁷ LCC, Children's Committee, 15th April, 1954, Agendum No. 14 'Modification of Area Scheme and Proposals for its Extension', p. 9. LA CC CWA/1.

⁵⁸ *Ibid.*, p. 9.

⁵⁹ The ASW was established when the British Federation of Social Workers was disbanded in 1951. Its principal basis was individual membership, however representative associations could affiliate.

⁶⁰ The Association of Social Workers, *Children Neglected or Ill-Treated in their Own Homes* (January 1953), pp. 2-3. LMA/WEL/1/36.

⁶¹ MoH, *An Inquiry into Health Visiting* (London, 1956), p. 103. (Jameson Report); Ministry of Health and Department of Health for Scotland, *Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services* (6th February 1959), p. 1. (Younghusband Report). Eileen Younghusband was a prominent social reformer who was active in promoting the development of social work.

visits to families. To address that concern the Younghusband Working Party was asked to consider if there was a place for a general purpose social worker.⁶² The evidence of the representative bodies of social workers to the Jameson Committee was consistent in arguing that health visitors did not address the social and emotional needs of people adequately and that those needs should be addressed by social workers. Drawing a contrast between the more complex role of child care officers in diagnosing and treating social disturbances and the advice given by health visitors, the Association of Children's Officers suggested that there was a difference in the depth of knowledge about families which was required by health visitors and child care officers. Whilst acknowledging the important role which health visitors played in finding out about difficulties at an early stage, it expressed disappointment that frequently when health visitors were asked for information about a family the response was superficial or about material standards. In support of its case the Association suggested that the social and emotional needs of children privately placed by families had been more adequately met since the transfer of their supervision from health visitors to child care officers.⁶³

The Institute of Almoners' evidence to the Jameson Committee questioned whether health visitors were qualified 'to assist in social investigation', which the Women Public Health Officers' Association claimed to be one of its functions. The Institute drew a comparison between the diversity of physical problems which a health visitor needed to know about in their health education role, with the equally diverse range of social needs which similarly required a specialist.⁶⁴ The Jameson Report recounted that almoners who met members of the committee expressed the view '...that *in general* Health Visitors...did not deal adequately with situations that called for more than a superficial appraisal or psychological insight'.⁶⁵ In their evidence, the Association of Psychiatric Social Workers argued that although health visitors were competent in matters of physical health they were less effective in dealing with regular problems of mental health and emotional development. The

⁶² MoH, *Younghusband Report*, p. 1.

⁶³ ACO, 'Memorandum on the Training and Function of Health Visitors, October 1954', p. 2. MRC MSS.378 CO/1/2:3d.

⁶⁴ Institute of Almoners, 'Health Visitors Inquiry (March, 1954)', p. 1. LSEA Titmuss HV/WP (54) 108.

⁶⁵ MoH, *Jameson report*, p. 38.

Association considered that although health visitors could extend their early preventive work in families to promote better family relationships, problems of emotional disorder should be referred to a specialist.⁶⁶

Throughout their evidence to the Jameson Committee the Society of Mental Welfare Officers clearly identified the work of its members as social work and contrasted their broadly based social work with people with learning disabilities and people with mental health problems, with the more specific nursing focus of health visitors.⁶⁷ The Society also provided evidence to the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency based on their belief that the social aspects of mental illness should be given more prominence in decisions about voluntary treatment and certification, with mental welfare officers usually better placed than general practitioners to make those decisions. It pointed out that a person may be medically of unsound mind but if he was under proper care and control he might not need to be admitted to hospital against his will.⁶⁸ The Society went on to argue that in all cases in which relatives applied for the discharge of a patient, an enquiry should take place by a mental welfare officer into the social conditions of the family, as occurred under the Mental Deficiency Acts.⁶⁹ In its evidence the National Association of Health and Welfare Officers argued that legislation should require social history reports to be provided upon admission to hospital because information given by relatives was not always reliable and that mental welfare officers were in a better position than doctors to provide a full picture of the social background of patients.⁷⁰ In contrast, the evidence of the Association of Psychiatric Social Workers focused on the role of its members in hospital and made very little reference to the care of people in their own homes. Moreover, the

⁶⁶ APSW, 'Memorandum relative to the Health Visitors Inquiry submitted to the Working Party, May 1954,' p. 2. LSEA Titmuss HV/WP(54) 121 and 121A.

⁶⁷ Society of Mental Welfare Officers, 'Health Visitors Inquiry, Memorandum submitted to the Working Party on Health Visitors – December 1954', pp. 1-3. LSEA Titmuss HV/WP(54)127. The Society of Mental Welfare Officers was formed in 1954 to represent Duly Authorised Officers who worked with people with mental health difficulties and Mental Health Officers who worked mainly with people with learning disabilities. There was no recognised qualification for mental welfare officers.

⁶⁸ Royal Commission on the Law Relating to Mental Illness and Mental Deficiency, *Minutes of Evidence* (London, 1954), pp. 206-8.

⁶⁹ *Ibid.*, pp. 210-11.

⁷⁰ Royal Commission, *Minutes*, p. 454.

Association did not question the role of doctors to the extent that mental welfare officers did.⁷¹ Although not reflecting the working practice of most of its membership at the time, the stance of both representative bodies of mental welfare officers clearly associated the future role of their members with the assertions of professionally qualified social workers and the chief officers of Children's Departments about investigating the social and emotional needs of clients. Moreover, their evidence to the Royal Commission was directed more towards issues which were relevant to the development of community care than that of the Association of Psychiatric Social Workers.

Differentiating the investigation of social and emotional needs from health needs and emphasising the health education focus of health visitors led to increasing tension between the leaders of social work and medical occupations. For example, the work of Eileen Younghusband was consistent throughout the 1940s and 1950s in drawing a distinction between the work of health visitors and other social workers. She had been involved in establishing the informal Social Workers Group in the late 1930s which expressed reservations about the broad membership of the British Federation of Social Workers, which had included health visitors.⁷² In her summary of social work in 1951 Younghusband suggested that health visitors only performed some social work functions.⁷³ Further, the Younghusband Report, published in 1959, emphasised the differences in training of health visitors and social workers whilst recognising that there would always be some overlap of function especially where social workers were either not available or not adequately trained. Emphasising that a social assessment made by a social worker was often required to fully understand the inter-related nature of a family's problems, the report suggested that the implementation of its training proposals would lead to a clearer delineation of the social work function.⁷⁴

⁷¹ *Ibid.*, pp. 1001-1025.

⁷² Social Workers' Group, 'An interim report of the origin and activities of the social workers' group', p. 8, August 1940. MRC MSS.378 ASW/B/2/1: 17.

⁷³ E. Younghusband, *Social Work in Britain: A Supplementary Report on the Employment and Training of Social Workers* (Edinburgh, 1951), p. 81.

⁷⁴ MoH, *Younghusband Report*, pp. 277-8 and pp. 280-1.

The evidence of the medical profession to the Younghusband Working Party concerning social workers in the Health and Welfare departments and to the Ingleby Committee provided an early indication that it intended to retain its responsibility for defining the nature of and response to a wide range of social problems.⁷⁵ The British Medical Association's evidence to the Working Party stated that health visitors should be regarded as social workers and that they were the only group of workers who could be regarded as general purpose social workers.⁷⁶ Moreover, in its evidence to the Ingleby Committee the Society of Medical Officers of Health drew attention to the importance of the Public Health Department in assisting families in difficulty and preventing cruelty to children. The Society suggested that '[p]ublic health departments should be regarded as agencies primarily concerned with the prevention of neglect and the break-up of families'.⁷⁷

Local authority Health and Welfare Departments, established under the National Health Service (NHS) Act 1946 and, where they were combined led by Medical Officers of Health, differed widely in the extent to which health visitors expanded their work with older people and people with mental health problems, learning disabilities and physical disabilities, and in the form of that work. Lancashire County Council expanded the work carried out by health visitors with older people and involved them in visiting people with physical disabilities. The Welfare Sub-Committee of the Health Committee established a scheme in 1954 to support the voluntary workers of Old People's Welfare Committees in three areas and extended it to all areas in 1956.⁷⁸ It was arranged that they could report cases of particular difficulty to a named health visitor who was regarded as a skilled case worker. She was responsible for ensuring that the Council's statutory health services such as home nursing, home help or admission to residential care were provided, however, it was noted that the work emphasised the material, physical and recreational needs of

⁷⁵ The Ingleby Committee was appointed in 1956 to review the law relating to juveniles brought before a court and to advise whether local authorities should be given new powers and duties to prevent neglect of children in their own homes.

⁷⁶ British Medical Association, 'Memorandum of Evidence Submitted by the British Medical Association (May, 1956)', p. 1. Wellcome Library, London (hereafter Wellcome) SA/SMO/L.1.

⁷⁷ The Society of Medical Officers of Health, 'The Neglected Child', *Public Health*, 71 (1957), p. 190.

⁷⁸ LCC, Welfare Services Sub-Committee, 29th June, 1955, Agendum No.2 'Care of the Aged in their Own Homes – Progress Report', p. 1. LA CC HWM/2.

older people.⁷⁹ The role of health visitors was subsequently reinforced in 1958 when it was reported that a shortage of volunteers meant some frail older people were not being ascertained.⁸⁰ The Health Committee also sought to develop its work with problem families following the Ministry of Health Circular in 1954 which invited Public Health Departments to expand preventive work with families, possibly in a bid to rival the work of some Children's Departments.⁸¹ Preston County Borough also involved health visitors in visiting older people, where a scheme in which they carried out social investigations of older people who were waiting admission to hospital was reported to be working well.⁸² Their involvement in making domiciliary visits to people with physical disabilities in 1957 was said to be a recent development.⁸³ The City and County of Bristol appointed four specialist senior health visitors whose work included the assessment of home conditions with a view to hospital or welfare accommodation.⁸⁴ Nevertheless, the Boucher Report found that most local authorities employed welfare officers to investigate applications for admission to residential homes.⁸⁵

Although Lancashire County Council and some others expanded the work of general and specialist health visitors with older people and people with physical disabilities, major difficulties arose in securing the availability of volunteers to visit older people and in employing sufficient numbers of health visitors. It was therefore uncertain whether health visitors were in a position to expand their responsibilities. Moreover, the recommendations of the Jameson Report were ambivalent about the extent to which health visitors should be involved in social problems rather than health advice. The situation provided the opportunity for social workers to emphasise the differences between the needs which they and health visitors assessed and in which they expected to develop further expertise. Moreover, the assessment of social and

⁷⁹ *Ibid.*, p. 1.

⁸⁰ LCC, Welfare Services Sub-Committee, 2nd July 1958, 'Progress Report – Care of the Aged in Their Own Homes'. LA CC HWM/5.

⁸¹ MoH, Circular 27/54, 'National Health Service, Health of Children, Prevention of Break-up of Families', pp. 1-2. LMA LCC CH/M/30/2.

⁸² Preston County Borough, *Medical Officer of Health Report* (Preston, 1956).

⁸³ *Ibid.*, p. 41.

⁸⁴ MoH, *Boucher Report*, p. 32.

⁸⁵ *Ibid.*, p. 37.

emotional needs provided a focus for social workers to start exploring the possibility of becoming a single professional grouping.

The debate about the professionalisation of social work took place at a significant time in the development of professions. Harold Perkin, referring to the development of 'professional society', suggested that in the period between 1945 and the early 1970s society developed in a way which '...accepted in principle that ability and expertise were the only respectable justification for recruitment to positions of authority and responsibility...'.⁸⁶ The initial steps which were taken by social workers to establish a professional identity closely followed the process which Harold L. Wilensky identified in the early 1960s. These were: the creation of a full time occupation; the establishment of a training school; the formation of professional associations; and forming a code of ethics.⁸⁷ Nevertheless, there were some social workers who expressed reservations about the appropriateness of a move towards professionalisation. In a survey which was carried out to elicit views about whether social workers should be registered on an individual basis, it was suggested that making academic qualifications more important might discredit the work of volunteers and social workers who were not trained and that insufficient importance might be given to the personal qualities of social workers.⁸⁸

The development of a professional identity for social work throughout the twentieth century was heavily influenced by knowledge drawn from the social sciences and applied to the human situations with which social workers engaged. Social science knowledge provided explanations of normative and abnormal behaviour and gave legitimacy to social work as it increasingly based its programme of work on the identification and meeting of individual need. Social casework literature from the USA was particularly significant, for example the work of Gordon Hamilton.⁸⁹ The influence of psychology, psychiatry and psychoanalysis in particular were important

⁸⁶ H. Perkin, *The Rise of Professional Society: England Since 1880* (London, 2002), p. 405.

⁸⁷ H. L. Wilensky, 'The Professionalisation of Everyone?', *American Journal of Sociology*, 70 (1964), pp. 142-45.

⁸⁸ Association of Social Workers, *Report on the Registration of Social Workers* (1954), p. 28.

⁸⁹ G. Hamilton, *Theory and Practice of Social Casework*, 2nd edn (New York, 1952).

for the knowledge base of investigation, assessment and diagnosis in social work during the 1950s. For example, John Bowlby's research about the importance of a baby's early attachment experience with its mother was influential in the emphasis which Children's Officers and child care officers gave to stressing the importance of children being brought up within their own family and the development of a child care service which comprised trained professionals.⁹⁰ In the conclusion to his World Health Organisation report Bowlby argued that the proper care of children was critical to an individual's and a community's mental and social health. He urged governments to be more active in providing support to parents in their home rather than providing institutions for children, envisaging that trained social workers would play a major part in that work.⁹¹

Qualified social workers in hospitals and clinics

Although almoners and psychiatric social workers were prominent in advocating the professionalisation of social work their work location in hospitals and clinics increasingly distanced them from engaging with people in their own homes. During the 1930s and 1940s hospital almoners and psychiatric social workers had frequently established contact with patients' homes. For example, Dorothy Manchee referred to the high number of home visits carried out from the Almoners Department of St Marys Hospital, London.⁹² However, with the introduction of the National Health Service (NHS) in 1948 the Ministry of Health placed a restriction on home visits by hospital almoners after patients had been discharged, stating that health visitors should make the home visits.⁹³ For example, the detailed monthly reports of the hospital almoner at Rossendale General Hospital in Lancashire from 1955 to the beginning of the 1970s suggested that she made very few visits to the homes of patients, and that where these took place they were usually single visits for a specific

⁹⁰ J. Bowlby, *Maternal Care and Mental Health*, 2nd edn (Geneva, 1952), p. 151.

⁹¹ *Ibid.*, pp. 157-58.

⁹² D. Manchee, *Textbook for Almoners* (London, 1947), p. 114.

⁹³ MoH, Circular 160/48, National Health Service Act, 1946 Co-ordination of the work of hospital almoners with the Local Health Authorities' Part 111 Services, 5th October, 1948, p. 2. TNA MH 123/466; Letter from D. F. Brown to Miss Steel Institute of Almoners dated 8th November, 1948, pp. 1-2. TNA MH 123/470.

purpose. Moreover, the reports indicated the considerable number of referrals which the almoner made to health and welfare staff in local authorities after she had made an initial investigation of the circumstances.⁹⁴

The work of hospital almoners and psychiatric social workers traditionally involved them in work at the boundary of hospital and people's homes. However, their location in hospitals and clinics together with an increasing focus on their work within those settings, including the development of long term casework as a therapeutic intervention, made it difficult for them to fully assess the social and emotional needs of children, young people and adults. Very few almoners worked in local authorities in the 1950s and 1960s, an issue which was addressed in the literature of the 1950s and 1960s. Where they were employed, for example Buckinghamshire, Joan Howard referred to the many home visits which were made by the local authority almoners and the requests from hospitals for social investigation reports.⁹⁵ In a talk to the Annual Conference of the Institute of Almoners in 1961 Matilda Goldberg referred to the home visit as '...our old discarded friend...'.⁹⁶ She anticipated that during the 1960s social workers would be expected to observe the functioning of a family and suggested that the understanding which was achieved would enhance the making of a social diagnosis.⁹⁷ The situation continued into the 1960s; in her study of an English southern county, Buckinghamshire, Margot Jeffreys claimed that information about the home circumstances of patients was often absent from the records of hospital based medical and psychiatric social workers. She found that more complete information was collected by the staff of the local authority Health and Welfare departments, particularly those with social work training.⁹⁸ There were also limited numbers of home visits carried out by the two psychiatric social workers attached to the two child guidance clinics in the county.⁹⁹ In Preston, Peter Wedge's survey of social welfare revealed that visits by medical social workers to the homes of patients

⁹⁴ Rossendale General Hospital: Almoner's Department, Monthly Reports. LA HRRG Acc 9688.

⁹⁵ J. Howard, 'The Work of a Welfare Officer in a Rural County Area', *The Almoner*, 7 (1951), p. 320.

⁹⁶ E. M. Goldberg, 'The social worker in the sixties: the impact of developing social policies on established practices and attitudes', *The Almoner*, 14 (1961), p. 105.

⁹⁷ *Ibid.*, p. 109.

⁹⁸ M. Jeffreys, *An Anatomy of Social Welfare Services* (London, 1965), p. 103.

⁹⁹ *Ibid.*, p. 149.

rarely took place.¹⁰⁰ Further, Zofia Butrym's study of a well-established medical social work department at Hammersmith hospital revealed that very few home visits were made by medical social workers, who nevertheless regretted the situation. Moreover, her study also drew attention to the small number of contacts, other than regarding children, which were made with relatives of patients.¹⁰¹

The Association of Psychiatric Social Workers explained that work in child guidance clinics involved a preliminary assessment of a child and family to be considered by the clinic team with interviews normally being held in the clinic rather than in the home.¹⁰² Margaret Ashdown and Sybil Clement Brown reported that home visiting had traditionally characterised the work of psychiatric social workers in adult mental hospitals more than those working in child guidance.¹⁰³ However, they found a growing tendency in both mental hospitals and clinics to carry out more interviews in the work setting than home. They advised that the trend might not be in the best interests of the profession and might be influenced by the desire to achieve parity of recognition within the workplace alongside higher status professionals.¹⁰⁴ Later in the decade responses to McDougall's review of developments within psychiatric social work in hospitals made it clear that social workers were spending more of their time with individual patients and less with relatives than had previously been the case.¹⁰⁵ Further, although they were located in the community Goldberg observed that child guidance clinics had focused on the mother/child relationship to the exclusion of the father.¹⁰⁶

The limited number of home visits made by hospital almoners and psychiatric social workers resulted in an increasing focus on work with individual clients rather than

¹⁰⁰ P. Wedge, *Preston Family Welfare Survey* (1965), p. 20. In 1965 almoners changed their name to medical social workers; chapter 2 uses the earlier title of almoner except where medical and psychiatric social workers are referred to jointly whereas the title medical social worker is used in chapters 3 and 4.

¹⁰¹ Z. Butrym, *Medical Social Work in Action* (London, 1968), pp. 41-42.

¹⁰² APSW, *Psychiatric Social Work as a Career* (n.d.), p. 2.

¹⁰³ M. Ashdown and S. Clement Brown, *Social Service and Mental Health* (London, 1953), p. 155.

¹⁰⁴ *Ibid.*, p. 156.

¹⁰⁵ McDougall, *The psychiatric social worker*, p. 45.

¹⁰⁶ Goldberg, *The social worker*, pp. 109-10.

with the family as a whole. Although they were at the forefront of asserting that their expertise lay in assessing the social and emotional needs of children, young people and adults, the opportunities which they had to assess those needs in the broader context of people's social environment were restricted. There were therefore limitations in the extent to which the mainly institution and clinic based hospital almoners and psychiatric social workers were able to influence the future development of social assessments across a wide range of cases, particularly where people continued to live in their own homes. That work was carried out by the increasing number of welfare, social welfare and mental welfare officers employed by local authorities from the late 1950s onwards, although their lack of qualifications restricted the effectiveness of their work, particularly in meeting the social and emotional needs of clients.

A number of authoritative sources recommended that more qualified social workers should be employed in local authorities. The preference of most almoners and psychiatric social workers for work in hospitals and clinics came into question at the Ministry of Health, which was concerned that the skills of social casework were not available in Health and Welfare Departments. For example, Geraldine Aves, Chief Welfare Officer, emphasised to the Institute of Almoners that a service of equivalent high standard should be developed by medical social workers in the community.¹⁰⁷ She later expressed satisfaction when she learned that, in their response to the Younghusband Report, the Institute would welcome the expansion of almoner posts in local authorities.¹⁰⁸ The difference in work carried out within institutions and in local authorities was emphasised by the Royal Commission which examined provision for mental disorder. It clearly stated that its recommendations could not be carried out unless more psychiatric social workers and mental welfare officers were employed by local authorities to work with families.¹⁰⁹

¹⁰⁷ P. Willmott, *A Singular Woman: The Life of Geraldine Aves 1898-1986* (London, 1992), p. 120.

¹⁰⁸ The Institute of Almoners, 'Working Party on the Younghusband Report, Report for the Minister of Health', p. 1. TNA MH 130/282; Note from G.M. Aves to Mr Emery, 23rd December 1959. TNA MH 130/282.

¹⁰⁹ MoH, *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency* (London, 1957), p. 244. (Percy Report).

In 1955 a significant development took place when a group of thirty four psychiatric social workers who worked in local authorities formed a community care group within the Association of Psychiatric Social Workers. The group members regarded themselves as being better placed to support people with mental disorder within the community, and in actively promoting the importance of their work in local authorities collaborated closely with the Society of Mental Welfare Officers in the development of community care.¹¹⁰ The work of the group received support from a prominent member of the Association of Psychiatric Social Workers, Goldberg, who argued that the first step in community care was to make a correct and in depth assessment of the patient's problem.¹¹¹ Referring to the observations of almoners and psychiatric social workers who worked in a community setting for local authorities, an American Study Team observed that '[m]any have found, however, that there must be more consideration of the family as a whole than in casework practised in hospitals'.¹¹² As a result the group suggested that there should be an expansion of family casework services in the community.¹¹³ Moreover, the Team reported that the extent of the liaison work carried out by hospital almoners in the arrangements for discharge meant that there was limited time for intensive casework with patients and their families.¹¹⁴

However, not only did almoners and psychiatric social workers prefer to work in hospitals and clinics rather than local authorities, some argued that social work in hospitals was a more advanced form of practice. Howard tellingly suggested that some of her hospital colleagues regarded local authority almoners' work as inferior to hospital work.¹¹⁵ Neither did psychiatric social workers who continued to work in hospitals and clinics always perceive the value of the work which their counterparts were doing in the community. The Association of Psychiatric Social Workers was fully cognisant of the tension between psychiatric social workers who continued to

¹¹⁰ APSW, A Meeting...11th June 1955, pp. 1-2. MRC MSS.378 P 13/3: 1; APSW, A Meeting...8th October 1955, pp. 1-2. MRC MSS.378 P 13/3: 8.

¹¹¹ E. M. Goldberg, 'The Psychiatric Social Worker in the Community', *British Journal of Psychiatric Social Work*, 2 (1957-8), p. 4.

¹¹² An American Study Team, *Some Impressions of Social Services in Great Britain* (United Kingdom, 1956), p. 105.

¹¹³ *Ibid.*, p. 95.

¹¹⁴ *Ibid.*, p. 71.

¹¹⁵ Howard, *Casework*, p. 315.

work in hospitals and clinics and those who chose to work in local authorities. This was reflected in a letter from Mr G. French who represented psychiatric social workers in local authorities to Mr R. Wright, Chairman of the Association, which stated that some members had inferred that working in a local authority compromised the professional standards of the Association.¹¹⁶ A further letter from the principal mental welfare officer for Coventry to the General Secretary of the Association in January 1965 suggested that there continued to be limited recognition of the growing importance of the work of psychiatric social workers in local authorities.¹¹⁷

Tensions which arose between the roles of social workers who worked in institutions and those who worked in the community started to become apparent during the 1950s as changes which were beneficial to patients and clients began to take place in both settings. It is important to note that the development of the roles and tasks of social workers in local authorities during the 1950s represented continuity with a strand of earlier work by social workers and their predecessors, in local authorities and a wide range of voluntary agencies from the end of the nineteenth century onwards. The work of the Charity Organisation Society, the National Society for the Prevention of Cruelty to Children (NSPCC), health visitors of local authorities in their work involving child protection, and relieving officers who visited older people and presented the cases of people with mental health problems to courts, involved them all in visiting people in their homes. In contrast, the early professionalisation of social work, through the independent training courses established by almoners and psychiatric social workers, both took place in the settings of hospitals and clinics. The initial training course for child care officers focussed on their role in placing children away from their home. Moreover, the focus of social workers' training in developing skills in relationship based social casework from the 1930s onwards was a relatively new development in the UK. Acknowledging limitations in the work of professionally qualified social workers as well as their important contribution during the 1950s facilitates an evaluation of the respective internal and external influences on changes to the assessment function of social workers.

¹¹⁶ Letter from G. French to R. C. Wright, p.1. MRC MSS.378 P18/21:75.

¹¹⁷ Letter from E. McEvoy to M. Barnes, p.1. MRC MSS.378 P13/3:52.

The approach of Children's Departments to the investigation of child cruelty and neglect

In contrast to the way in which social workers argued that their work in the investigation of social and emotional needs should be expanded, most Children's Departments limited their involvement in the investigation of cases of child cruelty and neglect. Although the requirements of the Children and Young Persons (Amendment) Act 1952 extended the powers and duties of local authorities in the investigation of cruelty and neglect, the preference of most Children's Departments was that the NSPCC continued to deal with the investigation of more serious cases of cruelty to or neglect of children.¹¹⁸ The expectation of the Lancashire County Council Children's Department at the time was that it would start to carry out much of the work of the NSPCC, however the minutes of its Children's Committee do not report subsequent activity.¹¹⁹ Nevertheless, the legislation appears to have prompted some discussion between Children's Officers and the NSPCC. The Association of Children's Officers carried out a survey of Children's Departments about their co-operation with the NSPCC in which the replies found that 80% of inspectors consulted appropriately with Departments.¹²⁰ The survey was discussed at a meeting between the Association and NSPCC, held in January 1954, which briefly recorded the discussion of principles arising from a few examples of disputes about individual cases around the country. In summing up it was reported that the meeting had been very friendly, that publicity would be given to the agreed advice about individual cases and that '...these steps may prove to be all that is necessary'.¹²¹ It appears that no plans were made to engage on a regular basis.

¹¹⁸ Under the legislation local authorities were required to make enquiries into all reports of cruelty or neglect unless they were satisfied that this was unnecessary.

¹¹⁹ LCC, Children's Committee, 7th January 1953, 'Children and Young Persons (Amendment) Act 1952'. LA CC CWM/5.

¹²⁰ ACO, 'Notes on a meeting between representatives of the Association of Children's Officers and the N.S.P.C.C. on Thursday 28th January 1954'. MRC MSS.378 CO 1/1: 19a.

¹²¹ ACO, 'Notes on a meeting between representatives of the Association of Children's Officers and the N.S.P.C.C. on Thursday 28th January 1954'. MRC MSS.378 CO 1/2: 1e.

There are other indications that Children's Officers did not consider it necessary to make any changes to the arrangements for investigations. In its first memorandum to the Joint Committee of the British Medical Association and Magistrates Association, their Association suggested that there had been a decrease in the '...incidence of assault and undue restraint...' during the previous 50 years and that although Departments received many allegations of cruelty and neglect '...these are not always well founded. Physical ill treatment is comparatively rare...'.¹²² Indeed, Bowlby also suggested that physical cruelty was 'thankfully rare', accounting for not more than between 3% and 5% of children in the public care.¹²³ When the Joint Committee asked for further material about the prevalence of serious cases of abuse, suggesting that there were cases which might have been missed, the Association's reply indicated that they did not think widespread serious physical abuse remained undiscovered. The reply further suggested that '[i]f there were large numbers of cases one would however expect that a fair number would be detected. In fact serious cases of physical abuse are so rare that they become front page news'.¹²⁴ Nevertheless, the Association did emphasise that the extent of extreme emotional suffering was not recognised and that a change in public attitude would be necessary before the problem was addressed.¹²⁵

The legislation may have also led to the consultation exercise which London County Council carried out with 34 other large local authorities about action taken to ensure the care and protection of children neglected or ill-treated in their own homes.¹²⁶ Local authority relationships with the NSPCC were said in the letters of reply to be generally good but were dependent on local relationships between individual staff. The Children's Officer for Devon stated that allegations of physical violence were usually passed to the NSPCC because that was regarded as their particular

¹²² ACO, 'Memorandum on Cruelty to Children', November 1952, p. 3.

¹²³ Bowlby, *Maternal care*, p. 79.

¹²⁴ ACO, 'Appendix 1 to Supplementary Memorandum on Cruelty to Children', p. 1. MRC MSS.378 CO 1/1: 16e.

¹²⁵ *Ibid.*, p. 2.

¹²⁶ London County Council, Special Sub-Committee of the Children's, Education, General Purposes, Health and Welfare Committees, 11th March 1957 C.H./F.C.3, p. 1. LMA LCC CH/M/30/5.

expertise.¹²⁷ The Children's Officer for Cheshire reported that action in relation to ill-treatment and neglect was usually taken by the NSPCC.¹²⁸ Practice in the Children's Department in Warwickshire involved cases of gross neglect usually being referred to the NSPCC because the Society preferred to take action itself; if a child was committed to the care of the council it was considered better that the court proceedings were handled by the Society. The Children's Officer further stated that cases of neglect reported under the 1952 Amendment Act were investigated and improvement obtained if possible, however if stronger action was thought necessary the case was referred to the NSPCC.¹²⁹ On the other hand Nottinghamshire carried out its own investigations under the Act unless the NSPCC was already involved.¹³⁰ The Children's Officer for Birmingham explained that his Department carried out some of the investigations under the Act but that there were no clear lines of demarcation with the NSPCC.¹³¹ In their replies, some Children's Officers went as far as to report that they had been able to influence the NSPCC to limit court action to cases where it was only really necessary.¹³² Jean Packman's research provided further material about two local authorities; Oxfordshire County Council decided that the Children's Department would make its own investigations whereas Devon decided that it would make a grant to enable the NSPCC to carry out the duties of the local authority under the 1952 Act.¹³³ She noted that prosecutions for neglect in Oxfordshire were rare because of the extent of the preventive work carried out by the Council.¹³⁴

A Report by the London County Council Children's Officer which summarised the findings of the 31 replies noted that most local authorities passed information about children suffering from neglect or ill-treatment to the NSPCC; in only four local authorities were their child care officers said to be prominent in making inquiries and

¹²⁷ Letter and Report from K. Brill to E. Ainscow 17th September 1955, 'Operational Research report No. 12', p. 3. LMA LCC CH/M/30/5.

¹²⁸ Letters from Children's Officers to London County Council, Letter no. 2. LMA LCC CH/M/30/4.

¹²⁹ *Ibid.*, Letter no. 7.

¹³⁰ *Ibid.*, Letter no. 29.

¹³¹ *Ibid.*, Letter no. 14.

¹³² Letters from Children's Officers to London County Council. LMA LCC CH/M/30/4.

¹³³ J. Packman, *The Child's Generation: Child Care Policy from Curtis to Houghton* (Oxford, 1975), p. 55.

¹³⁴ *Ibid.*, p. 110.

subsequent court action.¹³⁵ However, although the archive of one of those Children's Committees, Bristol, lists the duties of investigation of reports of possible cruelty and neglect and taking court action, it does not contain any further information about its investigations.¹³⁶ The London County Council decided to continue with its policy of the NSPCC acting on its behalf. However, recognition of the legal position was evident in a decision taken by the London County Council in 1955 which ensured that the Children's Officer was informed at an early stage about cases in which NSPCC inspectors were considering legal action. It was noted that he could make his own decision about whether court action was necessary and either take action himself or ask the NSPCC to do so'.¹³⁷

One of the reasons why most local authorities preferred that the NSPCC carried out investigations was because of their reluctance to be involved in subsequent prosecutions of parents. Indeed, the Children Act 1948 had provided for the Education Department of a local authority to bring cases of children in need of 'care and protection' to court. The London County Council was quite clear in its stance. In a Report it stated that '[t]he Council has always regarded it as undesirable that its social workers should be directly involved in any prosecuting or other legal action, since their work is best done on a friendly and co-operative basis with the families concerned'.¹³⁸ A Press Statement had previously been equally clear, stating that although a child welfare officer was always ready to take urgent action if necessary, the initiation of legal proceedings was normally left to the NSPCC.¹³⁹

The Association of Children's Officers' own enquiry into relationships between Children's Departments and the NSPCC for the purpose of providing evidence to the Ingleby Committee confirmed the position outlined in the earlier letters to the

¹³⁵ London County Council, *Special Sub-Committee*, p. 1. LMA LCC CH/M/30/4. 30/2.

¹³⁶ City and County of Bristol (hereafter CCB), Children's Committee, 28th October 1953, 'Statement on the duties etc. of Children's Visitors employed by the Children's Department'. Bristol Record Office (hereafter BRO) M/BCC/CH/3.

¹³⁷ London County Council, General Purposes Committee Report (No.4), 17 April 1956, 'Children Neglected or Ill-Treated in Their Own Homes', p. 168. LMA LCC CH/M/30/2.

¹³⁸ *Ibid.*, p. 168.

¹³⁹ London County Council, Press Bureau, 'Children Neglected or Ill-Treated in their Own Homes (August, 1955)', p. 4. LMA LCC CH/M/30/6.

London County Council.¹⁴⁰ Responses from local authorities suggested that the requirements of the Children and Young Persons (Amendment) Act 1952 merely reflected widespread practice at the time and that other agencies referred most cases to the NSPCC because that had been the practice for some time and some referrers were unaware of the legislative duties and powers of local authorities.¹⁴¹ Reflecting the wider concern of social workers with the social and emotional needs of children, young people and adults, and the influence of Bowlby's work, the Association's evidence also reiterated its concern about mental cruelty to children.¹⁴² Support for that position came from a Joint Working Party of the Association of Psychiatric Social Workers and National Association for Mental Health which also suggested more attention should be given to mental suffering; that a social diagnosis was necessary prior to planning of any help and that training was necessary to carry out the work.¹⁴³

The literature of the period and subsequent academic studies have provided very little detailed material and discussion about the investigation of cruelty and neglect and the relationship between the NSPCC and Children's Departments during the 1950s and 1960s.¹⁴⁴ David Donnison's research in Salford during the 1950s was an exception and confirmed the involvement of the NSPCC in the worst cases of neglect.¹⁴⁵ He observed that the work of an NSPCC inspector was focused on the improvement of physical conditions in the home and ensuring that children were not left alone at night. Once that had been achieved a case would be closed.¹⁴⁶ In

¹⁴⁰ ACO, 'Evidence to the Ingleby Committee, December 1956', p. 1. MRC MSS.378 CO 1/3: 1b.

¹⁴¹ *Ibid.*, p. 2.

¹⁴² *Ibid.*, p. 4.

¹⁴³ Evidence Prepared for the Home Office Committee on Children and Young Persons (Ingleby Committee) by a Joint Working party of the National Association for Mental Health and the Association of Psychiatric Social Workers (March, 1958), pp. 2-3 and p. 7. TNA HD 330/92.

¹⁴⁴ For example, Packman, *The child's generation*; N. Parton, *The Politics of Child Abuse* (Basingstoke, 1985); D. Merrick, *Social Work and Child Abuse* (London, 1996); H. Ferguson, *A Child in Time: Child Abuse, Child Protection and the Consequences of Modernity* (Basingstoke, 2004); C. Sherrington, 'The NSPCC in Transition 1884-1984', Unpublished PhD thesis, University of London, 1984.

¹⁴⁵ D. V. Donnison, *The Neglected Child and the Social Services* (Manchester, 1954), p. 80.

¹⁴⁶ *Ibid.*, p. 82.

relation to the Manchester Children's Department, Holman also noted that the NSPCC would often deal with the most serious cases of abuse.¹⁴⁷

There is therefore a significant gap in our knowledge of how the relationship between the NSPCC and Children's Departments impacted on the investigation of child cruelty and neglect. The approach taken by Children's Departments appears to be reflected in Heywood's observation at the end of the 1950s that their work in response to the powers and duties of the Children and Young Persons (Amendment) Act 1952 was increasingly incorporated into its preventive work with families.¹⁴⁸ In the second edition of her text she quoted extensively from an address given in 1961 by Mrs. B. J. Kahan, Children's Officer for Oxfordshire, in which she suggested that it was unfortunate that no statistics were collected of the number of cases investigated under the Act.¹⁴⁹ The relatively limited impact of the Act is further indicated by the absence of a report on investigations carried out by local authorities in the 1955 and 1961 Reports of the work of the Children's Department of the Home Office. The work of investigating child neglect and cruelty was therefore not regarded as a part of the work of Children's Departments which warranted separate reporting.

The gap is significant because it limits our wider appreciation of the impact which the investigation of child abuse had on Social Services Departments from the mid-1970s onwards. Academic studies have generally referred to the lack of knowledge of the extent of child abuse prior to the discovery of the 'battered baby' in the mid-1960s as the most significant aspect of the post-war period. Although there was a lack of knowledge it is also clearly the case that Children's Departments preferred that the NSPCC should investigate more cases of serious cruelty and ill-treatment, resulting in the Departments not gaining as much experience in addressing the problem as they might have done.

¹⁴⁷ Holman, *The corporate parent*, p. 179.

¹⁴⁸ J. Heywood, *Children in Care: the Development of the Service for the Deprived Child*, 2nd edn (London, 1965), pp. 178-9.

¹⁴⁹ *Ibid.*, pp. 197-98.

The provision of support to individuals and families enabling them to live in their own home

The limitations placed on professionally qualified social workers because of their institutional location, the restriction in the Children Act 1948 of the work of Children's Departments to work with children in public care, the continuing work of the NSPCC and the legacy of the Poor Law, meant that the future development of social work was open to a wide range of external influences as well as developments generated by social workers themselves. Wider concerns about the stability of the family and the emergence of the policy of community care were prominent influences on the development of the assessment function of social workers. Towards the end of the 1950s they were a significant influence on the change of the focus of assessment from the individual to the individual in the context of their social environment. The establishment of the welfare state, reports written by international and national bodies and the work of prominent individuals formed the principal backdrop to the identification of social problems which government reviews identified should be the subject of investigations and assessments.

Lowe argued that, despite the limited provision of social welfare, the establishing of a welfare state following the Second World War was significant because of the extent of the responsibility which the state accepted towards its citizens as a whole.¹⁵⁰ Gaps which were identified in provision therefore assumed more significance. Labour governments between 1945 and 1951 and Conservative governments between 1951 and 1956 appointed Committees, Working Parties and a Royal Commission, and carried out surveys to enquire into ways in which the care of children, young people and adults whose needs had been largely ignored following earlier legislation, could be improved. Concern about the welfare of children was prominent, with the appointment of a Committee in 1950 to review the treatment of 'maladjusted' children, including at child guidance clinics, and the appointment of a

¹⁵⁰ Lowe, *The welfare state*, p. 16.

Departmental Committee in 1953 to review adoption law.¹⁵¹ The post-war increase in juvenile delinquency reinforced growing concern about the stability of the family, following which the Ingleby Committee was established in 1956 to review the law in relation to juvenile delinquency and consider whether local authorities should have the power to provide preventive services for families.¹⁵² Although provision had been made for people with visual and hearing impairments following the First World War, a lack of services for people with other physical disabilities was recognised. The work of the Piercy Committee was principally directed towards the employment of people with disabilities, but in recommending that medical staff should liaise more closely with staff from other services, including the local authority, it was made clear that meeting the social needs of people with disabilities could contribute towards their rehabilitation.¹⁵³

During the 1950s the stigma attached to mental ill health started to be questioned more openly, in part because of the experience of soldiers during the Second World War and the availability of more treatment in the community.¹⁵⁴ Patients were admitted more often to mental hospitals on a voluntary basis and for shorter periods of time, the Ministry of Health reporting that the compulsory certification of patients reduced from 36% of admissions in 1949 to 13.5% in 1958.¹⁵⁵ Moreover, in her history of mental health services Kathleen Jones noted that during the 1950s a number of developments were influential in beginning to change attitudes towards people with mental health problems and their treatment. She drew attention to the availability of psychotropic drugs from 1953, the presentation by the World Health Organisation of an alternative model of mental health in which medico-social teams would play a larger part, and the development of constructive activity in mental

¹⁵¹ Ministry of Education, *Report of the Committee on Maladjusted Children* (October, 1955). (Underwood Report); Home Office and Scottish Home Department, *Report of the Departmental Committee on the Adoption of Children* (London, 1954). (Hurst Report).

¹⁵² HO, *Report of the Committee on Children and Young Persons* (London, 1960). (Ingleby Report). The reports will hereafter be referred to collectively as 'the government reviews' or reviews.

¹⁵³ Ministry of Labour and National Service, *Report of the Committee of Inquiry on the Rehabilitation and Resettlement of Disabled Persons* (London, 1956), p. 14. (Piercy Report).

¹⁵⁴ Goldberg, *The psychiatric social worker*, p. 4.

¹⁵⁵ MoH, *Report...1958*, p. 123.

hospitals.¹⁵⁶ A similar change in attitudes towards people with learning disabilities which was reflected in, for example, their employability during the War and a decline in the standing of the Eugenics Society identified by Greta Jones.¹⁵⁷ The changes were addressed by a Royal Commission which was established in 1954 to review the law, administrative machinery and forms of treatment relating to mental disorder.¹⁵⁸ In contrast, and reflecting the particularly low priority which was given to providing state services for older people, a survey of services available to people who were chronically sick and older people was considered adequate.¹⁵⁹

The government reviews of social problems took place within the wider context of an examination of the distribution of functions between central and local government and with a view to delegating more responsibility to local authorities.¹⁶⁰ Very little action was taken by governments following the Mackintosh Committee report about social workers in the mental health service.¹⁶¹ However, the roles and tasks of social workers and health visitors in the local authority Health and Welfare Departments were the subject of later government reviews. They appear to have been prompted by a World Health Organisation initiative in 1950 which involved a survey of the staffing of medico-social services in England and France.¹⁶² Difficulties arose in the definition of personnel and roles between the two countries, however the survey focused its work on medico-social staff primarily involved in providing support to families in their own homes.¹⁶³ The role of health visitors, including their function as social workers, was the subject of the Jameson Committee which was established in 1953 and reported in 1956.¹⁶⁴ The field of work and training of social workers in the Health and Welfare Departments of local authorities was the subject of a

¹⁵⁶ K. Jones, *Asylums and After: A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s* (London, 1993), pp. 150-1.

¹⁵⁷ G. Jones, *Social Hygiene in Twentieth Century Britain* (London, 1986), pp. 137-59.

¹⁵⁸ MoH, *Percy Report*.

¹⁵⁹ MoH, *Boucher Report*.

¹⁶⁰ Chancellor of the Exchequer, *First Report of the Local Government Manpower Committee* (January, 1950), p. 1.

¹⁶¹ MoH, *Report of the Committee on Social Workers in the Mental Health Services* (June, 1951). (Mackintosh Report).

¹⁶² P. Laroque and Sir Allen Daley, *Health and Social Workers in England and France* (Geneva, 1956), p. v.

¹⁶³ *Ibid.*, p. 12.

¹⁶⁴ MoH, *Jameson Report*.

Working Party established in 1955.¹⁶⁵ Recommendations of all the government reviews into the personal social services and their staffing included a common theme, the development of provision which would enable children, young people and adults to live in their own homes. Moreover, each report advised that their recommendations would involve an expansion of the numbers of social workers employed by local authorities and an enhancement of their investigation and assessment work.

Certain sections of the post war legislation and circulars which indicated the government's intentions had already pointed to the responsibilities of local authorities in providing domiciliary services. Part 111, Sections 19-30 of the NHS Act 1946 gave local authorities a range of powers and duties concerning domiciliary provision.¹⁶⁶ The guidance which the Home Office provided to accompany the Children Act 1948 included a statement that Children's Departments could be expected to improve a child's home where possible and that they would only want to remove children from their own home if absolutely necessary.¹⁶⁷ The National Assistance Act 1948 Section 29 (4b) referred to people with physical disabilities receiving instruction and recreational facilities in their own home.¹⁶⁸ Ministry of Health Circulars suggested that most people who were older would prefer to carry on living in their own homes and required welfare officers working with people with physical disabilities other than people with visual and hearing impairments to visit them in their home.¹⁶⁹

However, the post-war legislation was mainly permissive and implementation by local authorities was considered inadequate by a range of opinion. The Curtis Committee had drawn attention to the situation of children who suffered cruelty and

¹⁶⁵ MoH, *Younghusband Report*.

¹⁶⁶ The National Health Service Act 1946 s.19-30.

¹⁶⁷ Home Office (hereafter HO), *Sixth Report of the Children's Department*, 'Circular, 'Children Act 1948'', (London, 1951), pp. 99-111.

¹⁶⁸ The National Assistance Act 1948 s.29.

¹⁶⁹ MoH, Circular 11/50, 'Welfare of Old People', p. 1. TNA MH 130/272; MoH, Circular 32/51 'National Assistance Act 1948 Welfare Services for Handicapped Persons Other Than The Blind And Partially Sighted', p. 6 and p. 14. LSEA Titmuss 4/599.

neglect in their own homes but pointed out that the problem was not within their remit; the Committee stated that the problem should be addressed.¹⁷⁰ Although not carrying the same degree of influence as the Curtis Committee, the Women's Group on Public Welfare published a Report in 1948 which took up the issue and in focussing specifically on the 'neglected child' suggested that the public conscience had become more sensitive to the suffering which children experienced.¹⁷¹ It argued for the strengthening of legislation and a more proactive role to be taken by local authorities, although it argued that a child should not be removed from his family '...until the question of keeping the family together had been fully explored'.¹⁷²

The cause of children who were seriously neglected and ill-treated was taken up in 1949 by Mrs Ayrton Gould, a Labour Member of Parliament (MP), who drew the attention of Parliament to the number of children involved and the lack of legislative authority which hygiene officers and NSPCC Inspectors thought prevented them from taking action. She recommended that an official committee similar to the Curtis Committee should be established.¹⁷³ Brigadier Prior-Palmer, a Conservative MP, stated that he did not want to criticise the NSPCC but the problem was bigger than the organisation could cope with.¹⁷⁴ Following the debate in parliament a Joint Circular was issued from a number of government departments urging local authorities to ensure that there was co-ordination between their different departments in dealing with neglect and ill treatment.¹⁷⁵ The contents of the Circular confirmed the importance which was attached to the collecting and sharing of information about families by the different departments of local authorities and voluntary organisations.

There were continuing calls throughout the first half of the 1950s for a more thorough investigation of the way in which families could be provided with support

¹⁷⁰ Secretary of State for the Home Department, Minister of Health and the Minister of Education, *Report of the Care of Children Committee* (September, 1946), p. 6. (Curtis Report).

¹⁷¹ Women's Group on Public Welfare, *The Neglected Child and His Family* (London, 1948), p. 16.

¹⁷² *Ibid.*, pp. 124-25.

¹⁷³ House of Commons Official Report (hereafter Hansard) Volume 470, 12 December 1949, c.2431

¹⁷⁴ *Ibid.*, c.2453.

¹⁷⁵ HO, *Sixth Report on the Work of the Children's Department May 1951*, Joint Circular from the Home Office, Ministry of Health and Ministry of Education, 'Children Neglected in their own Homes', 31st July 1950 (London, 1951), p. 139.

to prevent the reception of children into care and to enable children to be kept at home. In a letter to *The Times*, which drew attention to the psychological and emotional harm which was done to children who were separated from their family, including at times of illness and confinement of their mother, Peggy Jay proposed that local authorities should be empowered to provide a preventive family help service.¹⁷⁶ Subsequent correspondence supported the proposal, including from Younghusband who suggested that whilst the increasing specialisation of workers met the needs of individuals in the family, it was family relationships as a whole which should be addressed.¹⁷⁷ The Association of Children's Officers addressed the issue throughout the decade in its memoranda and documentation.¹⁷⁸ This pressure from a range of sources resulted in a Departmental Committee being asked to consider whether local authorities should be given powers and duties to prevent the neglect of children in their own homes.¹⁷⁹ The Ingleby Committee, which reported in 1960, recommended that there should be a statutory duty on local authorities to establish schemes which provided a co-ordinated approach to the investigation of neglect in the homes of children and young people. It further recommended that local authorities should provide support to families, and provide family advice centres in areas of more dense population.¹⁸⁰

Other government reviews which also emphasised the importance of the home and family to children and older people were carried out in relation to the adoption of children and children who were considered to be 'maladjusted'. In recommending that local authorities should become more involved in arrangements for adoption both by regulating voluntary adoption societies and having the power to become an adoption agency, the Hurst Report pointed to the importance of guardians ad litem providing more information about both the natural family of the child and the prospective adopters, so that better decisions could be made.¹⁸¹ The recommendations of the report were included in the Adoption Act 1958. In its

¹⁷⁶ *The Times*, May 27 1953, Letter 'Family help'.

¹⁷⁷ *The Times*, June 12 1953, Letter 'Family help services'.

¹⁷⁸ For example, ACO, *Helping Families* (Exeter, September 1955). MRC MSS.378 CO/1/2:70.

¹⁷⁹ HO, *Ingleby Report*, p. 1.

¹⁸⁰ *Ibid.*, p. 20.

¹⁸¹ HO, *Hurst Report*, p. 64.

review of provision for children who were considered to be ‘maladjusted’, the Underwood Report recommended that the critical importance of keeping a family together should be a priority in the development of the social services.¹⁸²

A similar pattern of events occurred in relation to the social problem of mental ill health. Following a debate in Parliament a number of letters were written to *The Times* in June 1954, including from Kenneth Robinson, a Labour MP, in which he suggested that if domiciliary services were available and families were willing, many patients could be cared for at home.¹⁸³ The Royal Commission which was appointed in November 1954 to review the law relating to mental disorder envisaged an expanded role for local authorities in the delivery of a community care service.¹⁸⁴ A change in the role of mental welfare officers was considered critical to its development. It was expected that they would become familiar with the circumstances of the family of people with mental health problems and people with a learning disability, help them understand the person’s needs and difficulties, and keep in touch with them if their family member was in hospital with a view to a return home.¹⁸⁵ The Royal Commission’s report advised that an approach which encouraged individuals and families to seek help on a voluntary basis should replace the formal ‘ascertainment’ of people with learning disabilities and the compulsory admission to hospital of most people who experienced mental health problems.¹⁸⁶ Where compulsory admission was considered necessary, the Commission recommended that mental welfare officers should continue to have a role, by making an application to a hospital rather than to magistrates for admission, and on the advice of two doctors.¹⁸⁷

The Boucher Report carried out a survey into the hospital and local authority services which were available to people who were chronically sick and older people,

¹⁸² Ministry of Education, *Underwood Report*, p. 143.

¹⁸³ *The Times*, June 2 1954, Letter ‘Mental health’.

¹⁸⁴ MoH, *Percy Report*, p. 18.

¹⁸⁵ *Ibid.*, p. 227.

¹⁸⁶ *Ibid.*, p. 232.

¹⁸⁷ *Ibid.*, pp. 139-40.

concluding that the key to resolving the issue of an ageing population rested with the development of preventive and domiciliary services by local authorities.¹⁸⁸

Recommendations to increase domestic help, home visiting, night attendants and home laundry services and develop the potential of experimental boarding out schemes were suggested as ways of maintaining the independence of the increasing number of older people in society.¹⁸⁹ They found expression in Circular 14/57 in which the Minister of Health urged hospital almoners and geriatric physicians to obtain a social assessment by a health visitor or social worker whose local knowledge could determine the need for priority admissions to hospital.¹⁹⁰ The assessment function was also prominent in the report of the Younghusband Committee which referred to the problems of individuals and families and included in its definition of social work the assertion that '[t]he function of social workers is to assess the extent of these problems...'.¹⁹¹

The recommendations of government reviews were therefore significant in drawing attention to the direction of social policy, in which it was expected that the care of children, young people in the community rather than in institutions would have a more prominent place. Moreover, the recommendations of the government reviews and other government publications clearly reflected broader societal concerns about the stability of the family which was expressed during and after the Second World War, particularly in relation to a rise in the incidence of juvenile delinquency.

The Royal Commission on Population suggested that prior to the Second World War there had been only a limited consideration of the family in social policy and that families had limited their size because of poverty.¹⁹² To maintain the level of population increase it recommended: further financial assistance; an expansion of housing which included the building of larger houses; the provision of services

¹⁸⁸ MoH, *Boucher Report*, p. 54.

¹⁸⁹ *Ibid.*, p. 54.

¹⁹⁰ Ministry of Health, Circular 14/57, 'Local Authority Services for the Chronic Sick and Infirm', p. 4. TNA MH 130/272.

¹⁹¹ MoH, *Younghusband Report*, p. 7.

¹⁹² Royal Commission on Population, *Report* (1949), pp. 149-50.

which would support the care of children for example, home helps and nurseries; and that the education system should provide more preparation for family life.¹⁹³

Support for the family unit as a whole was a dominant theme in the evidence provided to a Joint Committee of the British Medical Association and Magistrates Association, which the Committee strongly endorsed.¹⁹⁴ Further, suggestions were also made about the ways in which support for the welfare of the family could ease the difficulties experienced by people with mental health problems.¹⁹⁵

The potential for increasing numbers of social workers to be involved in providing support to families formed a key part of the recommendations of government reviews of social problems but was also the subject of other social policy discussions. For example, the role of social workers in responding to the social problems of the family was the focus of the British National Conference on Social Work in 1953 which discussed 'The Family'. In her talk to the Conference the Parliamentary Secretary to the Minister of Health, Miss Hornsby-Smith, emphasised: the important task of social workers in strengthening family ties and encouraging family responsibility; the new provisions, interpretations and methods compared to the Poor Law; and the importance of the people who attended the Conference in thinking about needs which had still not been recognised.¹⁹⁶ Although stating that the Minister was considering calls to review the training of different workers in the health and welfare services, Miss Hornsby-Smith '...suggested that essential qualities for the social worker were shrewdness, common sense and balance, as so much depended on the skill of the worker'.¹⁹⁷

However, a significant body of opinion retained the view that representatives of the state should not intervene any further in the private lives of families. During the

¹⁹³ *Ibid.*, pp. 228-31.

¹⁹⁴ Joint Committee of the British Medical Association and The Magistrates Association, *Cruelty to and Neglect of Children* (London, 1956), p. 54.

¹⁹⁵ P. M. Scott, 'Mental Health and Family Welfare: Need for an Integrated Policy', *Public Administration*, 33 (1955), p. 115.

¹⁹⁶ British National Conference on Social Work, 'The Family as a Social Institution' (Report of an Address by Miss P. Hornsby-Smith), *The Family, Report of the British National Conference on Social Work* (London, July, 1953), p. 18.

¹⁹⁷ *Ibid.*, p. 19.

course of the parliamentary debate about neglect and cruelty to children in 1949 Lady Megan Lloyd George, a Liberal MP, drew attention to the danger of extending statutory rights of access to people's homes and suggested that officials who already visited could make reports.¹⁹⁸ The debate led the Director of the NSPCC, Wilton McCann, to write a letter to *The Times* deploring the inspection of citizens' homes by another group of officials and suggesting that it would contribute to the breakdown of family life.¹⁹⁹ The reservations which were expressed about extending the authority of state officials into the privacy of people's homes partly account for the limited development of the personal social services during the 1950s, with public concern being expressed about families becoming too dependent on official support rather than taking responsibility for the care of their own family members. Awareness of that public concern was reflected, for example, in a memorandum from the Association of Children's Officers to the Joint Committee of the British Medical Association and the Magistrates Association which acknowledged concern that social welfare provision might lead families to absolve themselves of their responsibility towards their children.²⁰⁰

Although concern about the stability of family life formed an important dimension of governments' broader approach to post war reconstruction, different views have been expressed about the extent to which they could be regarded as forming coherent social policy for families. Writing in 1982, Parker argued that although there were policies which affected families and assumptions about the role of the family, the UK had not developed '...any explicit family policies...', and suggested that governments wanted to ensure that families continued to carry the responsibilities which were necessary for the maintenance of society.²⁰¹ Michael Peplar on the other hand pointed to the provision which had been made to support family life as a consequence of the 'spirit of reconstruction' and regarded the range of government policies as constituting a coherent policy towards the family.²⁰² However, although governments regularly expressed their political support for families in general terms,

¹⁹⁸ Hansard, Volume 470, 12 December 1949, c.2444.

¹⁹⁹ *The Times*, December 12 1949, Letter 'Cruelty to children'.

²⁰⁰ ACO, 'Memorandum on Cruelty to Children: November 1952', p. 4. MRC MSS.378 CO 1/1:15a.

²⁰¹ Parker, *Family and social policy*, pp. 357-58.

²⁰² M. Peplar, *Family Matters: A History of Ideas about Family since 1945* (London, 2002), p. 25.

Peplar does not point to a place where governments made a coherent statement of policy towards all families, nor does he address the administration or scale of policies which were actually implemented. Although governments supported the family in broader terms with for example the provision of improved housing, health, education and national insurance their benefit was dependent on families being able to take advantage of the provision. The limited development of the personal social services during the 1950s and significant gaps which continued to exist during the 1960s support Parker's view that policies were 'about' families. It is in that sense that references to social policy in providing support to families in the present study should be understood.

A further principal reason for the tentative approach of governments during the 1950s to the development of the personal social services was the potential cost of the health and social welfare reforms of the late 1940s. In its response to the interim report of the Mackintosh Committee in 1949, the Labour government indicated that it could not afford to introduce a programme of recruitment for psychiatric social workers and no significant provision was made following the recommendations of its report in 1951 for the training of mental health workers and increased numbers of psychiatric social workers.²⁰³ Further, the Minister of Health stated that directions to local authorities regarding the implementation of Section 29 of the National Assistance Act 1948 would be confined to activity incurring very limited expenditure.²⁰⁴ Conservative governments were active in initiating reviews of health and social welfare expenditure with a view to limiting increases in spending. For example, the Phillips Committee which was established in July 1953 to specifically review the financial costs of providing for older people advised that expenditure on domiciliary services could often prevent the need to provide more expensive care later.²⁰⁵ Children's Officers drew attention to the way in which their own interest in developing preventive work with children was consistent with the Sixth Report of the Select Committee on Estimates which recommended '...the investigation of

²⁰³ MoH, *Mackintosh Report*, p. 8.

²⁰⁴ MoH, *Circular 32/51 Welfare services for handicapped persons*, p. 2.

²⁰⁵ Chancellor of the Exchequer, *The Phillips Committee on the Economic and Financial Problems of the Provision for Old Age* (London, December 1954), p. 83.

means of preventing children coming into care'.²⁰⁶ When restrictions on local government capital spending were subsequently put in place because of the economic situation, Lancashire County Council considered that because of its limited building plans they would have no impact.²⁰⁷

However, towards the end of the decade there was an easing of spending restrictions and the introduction of legislation between 1958 and 1963 implemented some of the recommendations of the government reviews. Local authorities were provided with an increased grant to expand their health and welfare services and a settlement with the local authorities under the Local Government Act 1958 resulted in them being given more freedom to spend the Central Grant according to their own priorities.²⁰⁸ For example, it was announced that spending on mental health services would increase by two and a half times during the following two years to meet the requirements of the Mental Health Act 1959.²⁰⁹ Whereas spending on the general classes of persons with physical disabilities (other than people with visual and hearing impairments) had not previously attracted a general grant, from 1958-59 provision was made for new spending by local authorities on specific schemes.²¹⁰ A significant part of the new spending involved an increase in local authorities' establishment of social workers, a development which led to Titmuss's frequently quoted observation that public inquiries recommended the employment of increasing numbers of social workers.²¹¹ However, it can be noted that his observation was predicated by David Donnison who, remarking on the increased numbers of social workers since 1948, pointed out that '...one Government report after another has called for yet more of them'.²¹² The increase in spending was effective in beginning to support the development of community care in local authorities and increase the

²⁰⁶ ACO, County Officers Group, 'Memorandum for the County Councils Association, July 1953', p. 4. MRC MSS.378 CO/1/1:17b.

²⁰⁷ LCC, Children's Committee, 19th March 1956, Agendum 11 'Restrictions on Local Government Expenditure'. LA CC CWM/6.

²⁰⁸ Hansard, Volume 597, 8 December 1958, c.34-35.

²⁰⁹ *Ibid.*, c.41.

²¹⁰ *Ibid.*, c.93.

²¹¹ R. Titmuss, 'Social Work and Social Service: A Challenge for Local Government', in R. Titmuss, *Commitment to Welfare* (London, 1968), p. 85.

²¹² D. V. Donnison, *Health, Welfare and Democracy in Greater London*, *Greater London Papers No. 5* (London, 1961), p. 7.

range of services provided. The policy began to shape the work of social workers in local authorities for which it was necessary that they familiarised themselves with the circumstances of individuals and families so that a more detailed assessment could be made of their needs.

The concerns about assessing and meeting people's individual needs in the wider context of supporting the stability of the family led to a consideration of how the administrative arrangements could facilitate the process. The development of a range of social welfare provision in local authorities on an ad hoc basis since the beginning of the twentieth century gave rise to increasing calls for an administrative structure which recognised the related nature of the services and the way in which they all impacted on the family. The Royal Commission on Population Report acknowledged this aspiration, noting the number of local authority committees which were involved in providing services for the family and suggested that in the future the administration of services would be more closely knit.²¹³ Social policy academics in particular started to argue for greater administrative co-ordination of services. For example, in proposing a comprehensive personal service, David Donnison pointed out that all services concerned with the family were beginning to appreciate that the specific problem which they dealt with was connected with problems which were the responsibility of another department or agency.²¹⁴ The support which the Ingleby Report gave in urging the government to carry out a review of the different services for the family, with a view to establishing whether a 'unified family service' would provide a more effective administration of functions, was particularly significant.²¹⁵

²¹³ *Royal Commission on Population*, p. 190.

²¹⁴ Donnison, *The neglected child*, p. 117 and p. 122.

²¹⁵ HO, *Ingleby Report*, p. 19.

Conclusion

Conventional interpretations of the history of social work have focused on the positive developments towards professionalisation which took place during the 1950s, including, for example, the importance of meeting people's social and emotional needs, the development of social casework, and the expansion of preventive work by child care officers. However, in placing those developments in a wider historical context this chapter has drawn attention to the limitations of those developments. Although approaches to the work of investigation, diagnosis and assessment by occupational groups of social workers were diverse both within and between occupations, the ascertainment of specific problems and requests for specific types of help were prominent, resulting in the categories in which they were placed usually defining the way in which their needs would be met. Although theoretical developments in social casework contributed to the professionalisation of social work and became significant to the development of principles of assessment in the 1960s, the prominence of short term work limited the extent to which they could influence the investigations of social workers.

Although professionally qualified hospital almoners and psychiatric social workers worked at the boundary of institutions and clinics, and child care officers maintained contact with many of the families of children placed away from their home, the focus of their work was with the individual client; their work with clients in their own home was limited. As the preference for community care provision emerged in the 1950s child care officers and the small number of almoners and psychiatric social workers in local authorities were better placed to develop policy and practice to meet expectations of providing support to children, young people and adults in the context of their own home and family. A broader understanding of the social needs of people emerged during the decade although most Children's Departments preferred the NSPCC to take responsibility for the initial stage of investigating reports of child cruelty and neglect.

Social policies for providing support to families and for the introduction of community care should be regarded as prominent and wider influences on orientating the investigations and assessments of social workers in local authorities towards the needs of children, young people and adults during the 1950s and into the 1960s. Issues which were involved in that process were highlighted in the recommendations of government reviews into social problems and the developments in the staffing of local authorities to address those problems. The issues which were raised formed the basis of an expansion in the number of social workers rather than health visitors employed by local authorities and the development of principles of social assessment during the 1960s.

Chapter 4: The development of principles of social assessment in local authorities, 1959-1968

On being returned to power at the general election in 1959 the new Conservative government supported the development of further social welfare provision in response to the recommendations of the reviews which were established during the 1950s. Local authorities started to employ more social workers and the government introduced legislation which widened the scope of social work with people who had mental health problems, people with learning disabilities and children and their families, in particular. The expansion of social work in local authorities continued under the two Labour governments between 1964 and 1970, with a major review of how the personal social services could be organised ‘to secure an effective family service’ being established in 1965 and reporting in 1968.¹

Legislation which was passed between 1958 and 1963 provided for the development of a wider range of services in the community. In meeting people’s expectations of the expanding welfare state and offering an alternative to institutional care it became necessary for social workers to develop a more informed approach to the assessment of people’s needs. This chapter examines the range of external and internal influences on the identification of principles of social assessment including central and local government policy, the social sciences and the professional development work of occupational groups of social workers. Principles of social assessment which emerged are explored and attention is drawn to the increased awareness of the problem of child cruelty and neglect. The chapter ends by reviewing the changes made by local authorities to their staffing and by national training organisations to facilitate the development of the assessment work of social workers.

¹ Secretary of State for the Home Department and others, *Report of the Committee on Local Authority and Allied Personal Social Services* (London, July 1968), p. 11. (Seeborn Report).

Influences on the development of the social assessment of need in local authorities

The recommendations of government reviews into social problems in the 1950s were reflected in legislation passed between 1958 and 1963 and supported with increased spending on public services provided by the Conservative government elected in 1959. The legislation and accompanying departmental Circulars provided the basis for a more comprehensive approach to the provision and promotion of social welfare for children, people with mental health problems and people with learning disabilities in particular. Reflecting the development in understanding of people's needs during the 1950s, the Mental Health Act 1959 and Children and Young Persons Act 1963 were framed in a way which expected local authorities to take a broader view of the needs of children, people with mental health problems and people with learning disabilities.

Derek Walker Smith, Minister of Health, indicated the extent of the break with previous legislation and comparability with other post-war services when he suggested that the new pattern of mental health legislation would provide a comprehensive service.² The Mental Health Act 1959 and Circular 9/59 which supported its implementation envisaged that the orientation of mental health services would change from a focus on the use of institutional care to the development of comprehensive preventive services in the community.³ A specific section of the Circular advised about the importance of developing a home visiting service and included the expectation that people with mental health problems and people with learning disabilities, as well as the people caring for them, should be able to obtain advice and support from visiting mental welfare staff.⁴ A Ministry of Health Memorandum to hospital authorities advised that holding a case conference, which local health authority staff would contribute to, would be an effective way of making

² Hansard, Volume 598, 26 January 1959, c.704.

³ For example, MoH, Circular 9/59, 'Mental Health Service'. TNA BN 29/309; MoH, Circular 28/59 'Mental Health Services'. TNA BN 29/321.

⁴ MoH, Circular 9/59, 'Mental Health Service', p. 4. TNA BN 29/309.

a diagnosis, particularly in difficult cases.⁵ A further Circular drew the attention of local authorities to Section 8 of the Act which widened their responsibility to include people with any level of difficulty, ending the restriction of services under Section 29 of the National Assistance Act 1948 to persons who were ‘substantially and permanently handicapped’.⁶

The Children and Young Persons Act 1963 extended the responsibilities of local authorities under the Children Act 1948 which had limited the work of Children’s Departments to the reception of children into care, their on-going care and possible return home. Section 1 of the Act laid a duty on local authorities to develop services which would prevent children and young people from being received into care or appearing before a juvenile court.⁷ Announcing the introduction of the section, a Home Office circular emphasised the opportunity to use initiative and experiment in developing different forms of support to families, including the continued use of voluntary organisations.⁸ Although the legislation is usually referred to as providing the legislative basis for Children’s Departments to expand their preventive work it is important to note that the Circular advised that all departments of the local authority should be involved in preventive work with children. The expectation that social workers would need to know more about the circumstances of the homes children came from was reflected in the observation of Lord Amulree in the House of Lords debate on the Children and Young Persons Bill, that local authorities should take measures to find out ‘...what sort of homes children come from who are in need of care’.⁹

The legislation and accompanying government circulars highlighted the increasing conjunction of social policies for community care and the provision of support to families. Although both policies were far wider than their association with social

⁵ MoH, H.M. (59) 46, ‘National Health Service Mental Health Services’, p. 2. TNA BN 29/309.

⁶ MoH, Circular 28/59, ‘Mental Health Services’, p. 1. TNA BN 29/321.

⁷ Children and Young Persons Act 1963, s1, p. 1.

⁸ HO, Circular 204/1963, ‘Section 1 of the Children and Young Persons Act 1963, Extension of Powers of Local Authorities to Promote Welfare of Children, 17th September 1963’, p. 1. TNA BN 29/309.

⁹ House of Lords Official Report, 20 November 1962, Vol 244 c.823.

welfare, and social work was not defined by them, nevertheless they exercised a significant influence on the development of the focus of social workers' roles and tasks and represented continuity with the earlier strand of social work during the first half of the twentieth century which involved visiting people in their homes. The provision of advice and services which would enable clients to remain in their own homes, or return to them after a period of foster, residential or institutional care, made it necessary for the increased number of social workers in local authorities to become more familiar with the social circumstances of each client and aware of the relationships within families which impacted on their care. Nevertheless, the critical role of social workers in contributing to decisions about whether children and adults should be provided with care away from their homes was retained.

Social welfare legislation which affected the development of services for people with disabilities and older people was more modest in its intentions. The Disabled Persons Act 1958 focussed on expanding employment opportunities for people although it was the point at which some local authorities started to employ more welfare or social welfare officers.¹⁰ In extending the powers of local authorities to provide meals and recreational activities themselves directly, the National Assistance (Amendment) Act 1962 was firmly within the earlier tradition of making provision for a limited range of specific services.¹¹ However, in a pointer towards the provision of broader and more flexible provision in the future, Edith Pitt, Parliamentary Secretary to the Minister of Health, and other MPs drew attention to the opportunity which the Act created to establish social contact with older people and identify other needs which could be referred to the local authority or a voluntary association.¹²

¹⁰ LCC, Welfare Services Sub-Committee, 6th February 1957, Agendum No. 18, 'Scheme for the Provision of Welfare Services for Handicapped Persons Other than the Blind, Partially Sighted and Deaf and Dumb', p. 15. LA CC HWM/4; W. E. Boyce, *Welfare Services in Essex 1957-1965* (Chelmsford, 1965), pp. 28-29.

¹¹ National Assistance (Amendment) Act 1962.

¹² Hansard, 6 April 1962, Volume 657, c.845.

The policy developments for children, young people, people with mental health problems and people with learning disabilities therefore contrasted favourably with the more limited expectations of local authorities in their provision for older people and people with physical disabilities, including expectations about carrying out an assessment of their needs. The legislation for the former marked a change from legislation which narrowly defined the provision of specific services which local authorities were empowered or required to provide to one which enabled local authorities to promote their welfare more widely. This approach required them to be more responsive and flexible to the problems which individuals and families experienced in their own homes. An analysis of the way in which local authorities could approach their responsibility was clearly identified in the Younghusband Report, in which a complete chapter provided a broadly based analysis of the needs of people who used social welfare services.¹³ The report was explicit about the importance of correct assessment, including the need for a qualified social worker to assess a situation which was more complex.¹⁴ It provided examples of how an extended assessment of the whole family situation could reveal more significant needs than the initial request for a specific service and emphasised the importance of making an assessment of a full family situation where that was relevant to the needs of an individual.¹⁵

The Younghusband Report has usually been regarded as influential in bringing about the introduction of a scheme of qualifying training for social workers. However, it was also influential in providing an overview of, and the principles which should be used in, the assessment work of social workers, most of whom in the Health and Welfare Departments were unqualified. In providing a clear focus on the importance of establishing the individual needs of people before proceeding with an appropriate intervention, Younghusband's association with Charlotte Towle, author of *Common Human Needs*, and her involvement in promoting the development of social casework, was evident. Younghusband involved Towle as consultant to the first generic social work course, which commenced at the London School of Economics

¹³ MoH, *Younghusband Report*, pp. 154-70.

¹⁴ *Ibid.*, p. 156, p. 169 and p. 177.

¹⁵ For example *Ibid.*, p. 157 and p. 167.

in 1954.¹⁶ The extent of the work carried out by Younghusband during the 1950s to develop social casework as a method of social work practice meant that she was ideally placed to draw on the theoretical development which had taken place. There were references throughout her report to the social assessment work of social workers with all groups of clients, asserting that it was fundamentally different to the investigation of concerns by workers in the health services, particularly health visitors.¹⁷ The Younghusband Report was therefore a key document in the process of transferring the principles of the study and diagnosis stages of social casework to the work of unqualified social workers in the Public Health and Welfare Departments. It represented a conjunction of internal social work influences and external influences on the development of the assessment function in social work.

Moreover, the report's frequent use of the term assessment in the context of exploring people's social needs was an important stepping stone towards its more consistent use when referring to the work of social workers. Its extensive treatment in the Younghusband Report reflected the more common use of the term within the Ministry of Health than the Home Office. Indeed, the Ministry of Health's policy planning documentation started to refer to assessment as a process which involved a consideration of people's wider needs and made it clear that a formal stage of assessment was required in response to all referrals.¹⁸ The influence of government reviews in the 1950s and the Younghusband Report's analysis of needs can be identified in the documentation. *Health and Welfare: The Development of Community Care* outlined the government's plan for community care in which it pointed out that whereas in the past the emphasis had been on providing standardised services to meet collective needs, '[i]n the future services will be increasingly sensitive to the specific needs and individual characteristics of the people they are designed to serve'.¹⁹ Government planning to support the family as an essential unit of society and to enable children, young people and adults to remain in their own

¹⁶ C. Towle, *Common Human Needs* (New York, 1949). A full account of the setting-up of the first generic social work course is found in A. E. Hartshorn, *Milestone in Education for Social Work: The Carnegie Experiment 1954-1958* (Dunfermline, 1982).

¹⁷ For example, MoH, *Younghusband Report*, p. 277-8.

¹⁸ MoH, *Health & Welfare: The Development of Community Care* (London, 1963), pp. 1-38.

¹⁹ *Ibid.*, p. 3.

homes was found in the update of *Health and Welfare* which emphasised that '[t]he first aim of the services is essentially preventive – to maintain health and welfare in the home...'.²⁰ The planning found a parallel in the work of the Home Office which required Children's Departments to develop support services for families, and expected that other departments of local authorities would continue to be involved.²¹

Concern about the family and needs of children and young people, including those involved in juvenile delinquency, were also the concern of the two Labour governments between 1964 and 1970. In a conference speech in 1966 Alice Bacon, Minister of State for the Home Office, confirmed the importance which the government attached to the work of the Seebohm Committee in establishing a comprehensive family service. She then referred to the growing body of opinion that where possible juvenile delinquents should be dealt with by alternatives to appearing in court.²² Reporting in 1968, the Seebohm Committee recommended that a single social service department should be established in each local authority to provide support to families, that a wider range of needs should be addressed and it should be done on the basis of a person's total needs rather than the symptoms of their problem which had been the previous method of categorising clients.²³ To achieve that aim a wider range of provision in the community to support individual clients and their families was regarded as necessary.²⁴ The closely linked policies of supporting the stability of the family and the extension of community care were therefore both significant foci in the Seebohm Report.

To meet the expectations of the legislation, the Younghusband Report, *Health and Welfare* documentation, and the Seebohm Committee regarding the importance of developing knowledge and skills in carrying out social assessments, social workers turned to the social sciences. They enhanced their understanding of the social needs

²⁰ MoH, *Health & Welfare: The Development of Community Care* (London, 1966), p. 3.

²¹ HO, *Circular 204/1963*, 'Section 1 of the Children and Young Persons Act 1963', p. 1.

²² CCB, Children's Committee, 25th May 1966, Agenda Item No. 21, 'Child Care Conference –Hastings 19/20 April 1966, Alice Bacon, Minister of State for the Home Office speech'. BRO M/BCC/CH/11.

²³ Secretary of State for the Home Department and others, *Seebohm Report*, p. 219.

²⁴ *Ibid.*, pp. 220-26.

of clients as individuals and in the context of their family by drawing on psychology, psychoanalysis, sociology and social administration; academic subjects which expanded during the 1960s and formed an increasingly important part of the qualifying curriculum of social workers during the 1950s and 1960s.²⁵ The study of the social sciences associated social work with the broader 'human relations' movement which started in the 1950s and provided the opportunity for professionally trained social workers to further differentiate their work from that of occupational groups in health, education and national assistance. In particular the important influence of psychoanalytic theory on the development of social casework has been highlighted in the social work literature.²⁶ However, Margaret Yelloly advised caution in attributing too much influence to the impact of psychoanalysis on the work of social workers as a whole, pointing out that the application of psychoanalytic knowledge to treatment in particular made it less relevant to the practice of social workers, who were not generally employed in a role which supported that approach. She suggested that the significance of psychoanalytic knowledge in social work took place in the broader context of providing knowledge which enabled social workers to understand human behaviour and the emotional life of people.²⁷ In that conclusion she echoed the observation of Timms who had earlier suggested that knowledge of psychoanalysis had been typically used by social workers as a means of understanding the behaviour of people rather than as a technique.²⁸ He referred to the importance of using knowledge in investigation and diagnosis in particular.²⁹ Because of the form which knowledge from the social sciences took, it was more straightforward for individual social workers to assimilate it with a view to carrying out a time limited initial assessment to achieve an understanding of individual social situations, than it was to apply it to the construction of different methods of intervention. Moreover, the increasingly wide range of referrals, work and settings relevant to the expansion of social work in the 1960s made it particularly difficult for social workers to engage in the development

²⁵ United Nations Educational, Scientific and Cultural Organization (UNESCO), *The Contribution of Social Sciences in Social Work Training* (Paris, 1961).

²⁶ For example, G. Pearson, J. Treseder and M. Yelloly, 'Introduction', in G. Pearson, J. Treseder and M. Yelloly eds, *Social Work and the Legacy of Freud: Psychoanalysis and its Uses* (Basingstoke, 1988), pp. 2-6.

²⁷ M. Yelloly, *Social Work Theory and Psychoanalysis* (London, 1980), p. 166.

²⁸ Timms, *Casework*, p. 16.

²⁹ *Ibid.*, p. 84.

of social casework, group work and community work or other methods of intervention.

During the 1960s the academic study of sociology started to expand and influence the training of social workers. However, whereas Bowlby's studies of the psychological development of the individual child and the application of psychology and psychoanalysis to the practice of social work were influential in the 1950s, the limited development of theoretical knowledge about the family in the 1960s restricted the knowledge base of social workers. James White and David Klein argued that systematic theory building about families did not start until about 1950, although they noted that there was earlier research by social workers and other disciplines. They pointed out that until the mid-1960s studies were fragmented and researchers experienced difficulty in bringing together the different concepts and assumptions on which their work was based, to build broad theories about the family.³⁰ Timms suggested that the new sociological concept of role enabled social workers to differentiate aspects of people's behaviour in relation to normative expectations of them. In particular he suggested that social workers had hitherto neglected the role of fathers in their practice.³¹ Brian Heraud noted the particular relevance of sociology to the concept of community care and preventive work, and to social workers' increasing orientation towards social reform.³² The study of sociology provided a perspective for the 'radical social work' movement which argued that social problems should be regarded as the consequence of an unequal society and therefore ameliorative work with individuals and families could not solve clients' problems such as poverty and housing. Social work was conceived as being a part of social control exercised by the state. Reinforcing Bowlby's research, the negative control aspects of institutions in the care of people were also identified as problematic by social scientists.³³ Their work provided further support for the development of care in the community rather than in institutions.

³⁰ J. M. White and D. M. Klein, *Family Theories*, 3rd edn (California, 2008), pp. 22-23.

³¹ Timms, *Casework*, p. 13.

³² B. Heraud, *Sociology and Social Work: Perspectives and Problems* (Oxford, 1970), pp. 8-9.

³³ R. Barton, *Institutional Neurosis* (Bristol, 1959); E. Goffman, *Asylums* (London, 1968); Townsend, *The last refuge*.

The study of social administration also expanded during the 1960s and was included in social studies courses for students on both general and professional social work courses.³⁴ Taking as its focus the organisation and delivery of the social services, it was a critical area of both influence and study for social workers in local authorities who were required to implement the policy of community care. In her account of the historical development of social policy Muriel Brown showed how the early study of social administration in universities was narrowly focused on the needs of people and the services which were provided. She outlined how it took a descriptive and historical approach during the 1950s and 1960s and was based on the promotion of values of equality and social justice.³⁵ In making an evaluation of the contribution of Titmuss to the study of social policy and administration, authors have pointed to the significant influence which he had during that period. Robert Pinker affirmed the egalitarian emphasis and moral purpose of the study which took place, and which Titmuss regarded as being superior to the profit basis of business.³⁶ Ramesh Mishra highlighted the focus of social administration on establishing factual information about the occurrence of social problems and the responsibility which university departments had for the training of social workers.³⁷ He also emphasised its value-orientation and its application to social problems, further noting that social administration did not develop theoretical perspectives.³⁸

Although many qualified social workers and the social work literature emphasised the important contribution of psychology and psychoanalysis to the development of the social casework method and the professionalisation of social work, the influence of social administration was more significant to the actual development of its roles and tasks in practice. This was particularly evident following the requirements of legislation to increase the range of services which were available, for which the function of assessment was increasingly important in making the most suitable

³⁴ K. Slack, *Social Administration and the Citizen* (London, 1966), pp. 9-10.

³⁵ M. Brown, 'The Development of Social Administration', in M. Loney, D. Boswell and J. Clarke, eds, *Social Policy and Social Welfare* (Buckingham, 1983), pp. 97-98.

³⁶ R. Pinker, 'Social Policy in the Post-Titmuss era', in R. Page and J. Baldock, eds, *Social Policy Review* 5 (Canterbury, 1993), p. 59.

³⁷ R. Mishra, 'The Academic Tradition in Social Policy: The Titmuss Years', in M. Bulmer, J. Lewis and D. Pichaud, eds, *The Goals of Social Policy* (London, 1989), p. 66.

³⁸ *Ibid.*, p. 70.

choice. The lack of theoretical development in social administration was not helpful to the development of social work during the 1960s, particularly in view of the preference of many social workers for using psychoanalytic knowledge in developing the theory and practice of social casework.

In the late 1950s and throughout the 1960s the social work literature of the period suggested that there was limited guidance available to local authority social workers in adapting the social casework method being developed by medical and psychiatric social workers in institutions and clinics, to the work of local authorities. For example, Arthur Collis expressed uncertainty about how the social casework method could be adapted to the work of child care officers in local authority Children's Departments.³⁹ Timms pointed to the relatively limited discussion, literature and theoretical development about social casework in the child care service.⁴⁰ He further drew attention to the relative absence of discussion in the literature about the purpose of the home visit, even though it had been a common feature of the work of social workers until the late 1930s.⁴¹ More generally, the Younghusband Report and research by G. F. Rehin, H. Houghton and F. M. Martin suggested that the work of social workers had not been the subject of systematic analysis.⁴²

The relatively early stage of development of the assessment function for qualified and unqualified social workers is suggested by references which were made to the absence of established criteria which social workers could apply. Speaking at a conference of the Royal Society of Health in 1965 Goldberg asserted that although social workers needed to assess the potential of families for providing care, terminology and criteria for diagnosis were only in the early stages of providing

³⁹ A. Collis, 'Casework in a Statutory and Voluntary Setting', *Social Work*, 2 (1958), pp. 456-60.

⁴⁰ Timms, *Casework*, p. v.

⁴¹ N. Timms, *Social Casework: Principles and Practice* (London, 1964), pp. 194-95.

⁴² MoH, *Younghusband Report*, p. 2; G. F. Rehin, H. Houghton and F. M. Martin, 'Mental Health Social Work in Hospitals and Local Authorities: A Comparison of Two Work Situations', in G. McLachlan, ed., *Problems and Progress in Medical Care* (London, 1964), pp. 321-22.

tools of analysis.⁴³ Timms argued that, although he preferred the term appraisal, where diagnosis referred to both a process of enquiry and to an end point, the process dimension had been insufficiently explored.⁴⁴ In his research into Children's Departments, Brill concluded that between 1948 and 1971 there had been limited discussion about the criteria which should be applied in response to applications to receive children into care.⁴⁵ Butrym's study of the intake of work by medical social workers in a well-established hospital department confirmed her concern that, referring to the difficulties involved in the measurement of human needs and the different way in which they could be met, '...there is at present a serious absence in social work of sufficiently agreed and formulated criteria for assessments of this kind'.⁴⁶ Moreover, a further dimension to the availability of written criteria was raised by John Haines who noted the ambivalence of social workers towards the introduction of procedures. He pointed out that procedures were being introduced into industry and that they were particularly useful to inexperienced staff and saved time in planning work.⁴⁷ Haines suggested that although social workers had a '...dislike of working by the rule book and often feel that they are already too restricted by formal regulation, clarity was required in the areas of discretion at each level in the organisation'.⁴⁸

The contributions of these respected authors with experience of writing about the work of different occupational groups of social workers highlighted the particularly early stage which the development of the assessment function was at during the 1960s in work with all client groups.

⁴³ E. M. Goldberg, *Social Work – Changing Needs, Changing Functions and Changing Settings*, Conference 5, Annual Congress of the Royal Society of Health April 1965, p. 168. LSEA Titmuss 2/154.

⁴⁴ Timms, *Social casework*, pp. 78-80.

⁴⁵ Brill, *The Curtis experiment*, p. 125.

⁴⁶ Butrym, *Medical social work*, p. 100.

⁴⁷ J. Haines, 'The Use of Resources in Child Care Service – Manpower, Present and Future', *ACCORD*, 12, 5 (Winter 1967), p. 7.

⁴⁸ *Ibid.*, p. 7.

The development of principles of assessment in social work

The individual nature of need

The increasing recognition that needs should be addressed on an individual basis was a challenge to the existing practice of categorising cases according to a particular problem or symptoms which a person had in common with others. The Younghusband Report suggested that the practice had its historical origins in the particular interests of individual social reformers and in medical classifications.⁴⁹ In advocating that a comprehensive assessment of need should take place the report stressed that in each case the way in which a person's needs were both similar to and different from others should be identified.⁵⁰ Progress towards services becoming increasingly sensitive to individual needs was expected by the Ministry of Health.⁵¹ The approach taken by the Younghusband Report and Ministry of Health sought to consolidate the position which had started to be advocated during the 1950s about the importance of addressing people's social needs on an individual basis, a focus which was fundamental to the practice of social casework.

The emphasis on social assessment

The influence of the policies of supporting the stability of the family and of community care are found in the Ministry of Health's *Health and Welfare* document which outlined government policy for the following ten years. Distinguishing between medical and social needs, it reflected the Ministry's responsibility for physical health, mental health and social welfare. *Health and Welfare* referred to the necessity of first obtaining an individual medical and social diagnosis to identify an older person's or disabled person's precise requirements.⁵² In relation to work with mothers and young children, the social worker's task included an analysis of personal or family problems arising from, for example, child disturbance, disability

⁴⁹ MoH, *Younghusband Report*, p. 182.

⁵⁰ *Ibid.*, pp. 154-69.

⁵¹ MoH, *Health & Welfare 1963*, p. 3.

⁵² *Ibid.*, p. 22 and p. 31.

in the family, or grossly inadequate conditions.⁵³ It was expected that the knowledge of the mental welfare officer about people with mental health problems or people with learning disabilities and their families would make it possible to prevent breakdown in many cases, avoiding the need for admission to hospital.⁵⁴ Indeed, an earlier draft of *Health and Welfare* went as far as suggesting that mental welfare officers were the key to identifying people's needs.⁵⁵ In its response to the publication of *Health and Welfare*, the City and County of Bristol acknowledged that a basic need of older people was a home of their own in which they could enjoy privacy and comfort together with the social contacts which were important to them. Careful assessment was regarded as the key to determining the specific type of residential accommodation which was suitable for a person if that form of care was necessary.⁵⁶

At conferences, in publications and in the recommendations of research both qualified and unqualified social workers were urged to take account of a client's social environment in carrying out assessments. For example, Mark Gillespie, a mental welfare officer, pointed out that a patient was not an isolated individual but should be understood in his social setting, and in his relationships with those around him, suggesting that relatives and employers often needed the support and advice of a mental welfare officer.⁵⁷ Writing for welfare officers, Goldberg urged that social workers should assess the ability of families to look after their disabled, sick or aged members suggesting that their role was to weigh the burden which families experienced against the supports which were available.⁵⁸ The importance of the change in focus of social assessment was captured by Goldberg who referred to the way in which some of the most highly qualified social workers had become pre-occupied with a client's internal functioning to the exclusion of the impact of the

⁵³ *Ibid.*, p. 8.

⁵⁴ *Ibid.*, p. 24.

⁵⁵ MoH, 'Local Authority Long Term Plans, Mental Health Services, Draft 19/12/62', p. 4. TNA MH 134/46.

⁵⁶ CCB, Welfare Services Committee, 'Observations of Welfare Services Officers upon Command Paper 1973 – Health and Welfare, Development of Community Care 30.5.63'. BRO M/BCC/WEL/1/7.

⁵⁷ M. A. Gillespie, 'Community Care – Fact or Fiction? In Emerging Patterns for the Mental Health Services & the Public', *Proceedings of a NAMH Conference, 1961*, p. 80. LMA LCC/PH/GEN/3/13.

⁵⁸ E. M. Goldberg, *Welfare in the Community* (London, 1966), p. 53.

external environment.⁵⁹ In a clear analysis of the changes which were taking place, she approved of the movement of social workers out of their offices into people's homes, where they dealt with them as a member of their immediate group rather than concentrating on the specific implications of a disability or difficult behaviour.⁶⁰

Child care officers were similarly encouraged to include social factors in their assessments and to obtain information about children from a wider range of sources. Reflecting the relatively limited development of sociological knowledge about the family compared with knowledge of individual psychology, Timms suggested that child care officers experienced some difficulty in fully recognising the implications of working with a family as a whole. He considered that this was because of the limited development of knowledge on which to base a study of interactions compared to the study of individual personality.⁶¹ Timms went on to point out that in their visits and assessments social workers typically ignored the involvement of a father or significant member of the extended family.⁶² Nevertheless, he suggested that concern for children's emotional needs had resulted in Children's Departments facilitating the engagement of children with their parents more than had been the case in the early years of the Children's Departments.⁶³ In further texts which were written to enhance the social casework practice of child care officers, Jean Kastell, Derek Jehu, and Heywood pointed to the importance of assessing the needs of both child and parents as a means of understanding the full social environment of the child.⁶⁴ Kastell emphasised the importance of knowledge about family interactions.⁶⁵ Jehu referred to the importance of engaging parents in the investigation of family problems whilst Heywood suggested that the work of assessment required skill in social diagnosis.⁶⁶

⁵⁹ Goldberg, *Social work – changing needs*, p. 168.

⁶⁰ *Ibid.*, p. 169.

⁶¹ Timms, *Casework*, p. 139.

⁶² *Ibid.*, p. 140.

⁶³ *Ibid.*, p. 158.

⁶⁴ D. Jehu, *Casework: Before Admission to Care* (1963), p. 6 and p. 9; Heywood, *Children in care*, p. 183; J. Kastell, *Casework in Child Care* (London, 1962), p. 92.

⁶⁵ Kastell, *Casework*, p. 92.

⁶⁶ Jehu, *Casework*, pp. 8-9; Heywood, *Children in care*, p. 183.

In urging mental welfare officers and child care officers to increase their involvement with the families of individual clients, commentators highlighted the extent of the change in focus which their work required. Even where an adult presented as an individual without family connections, a social assessment to understand the person's personal history would have been considered relevant. In that way the concept of social assessment transcended the debate about whether a single department should be referred to as a 'Family Department' because of the need to provide services for individuals. In addressing the issues which had been raised in legislation and circulars together with government policy outlined in *Health and Welfare*, commentators also confirmed that carrying out social assessments should become a significant function of the growing number of social workers in local authority departments.

Inter-disciplinary assessments

The increasing importance which was given to the differentiation of a social assessment from a medical diagnosis was, nevertheless accompanied by continuing government exhortations that assessments of need should be an inter-disciplinary activity. *Health and Welfare* included a clear description of the important role which mental welfare officers were expected to play in the local authority and hospital services, stating that '...the main need is for an effective body of social workers, including mental welfare officers, to work closely with GPs and hospital staff'.⁶⁷ A '...joint assessments of needs...' in relation to the admission of older people to either hospital or welfare home was also considered necessary.⁶⁸ The follow-up *Health and Welfare* document gave a prominent place in its outline of the purpose of the local authority plans to the development of joint planning between the health and welfare services which would lead to '...an integral programme for promoting health and social well-being'.⁶⁹

⁶⁷ MoH, *Health and Welfare* 1963, p. 24.

⁶⁸ MoH, 'Memorandum for Local Authorities and Hospital Authorities, Care of the Elderly in Hospitals and Residential Homes', pp. 6-7, 15th September 1965. LSEA Serota 5/2.

⁶⁹ MoH, *Health and Welfare* 1966, p. 2.

However, difficulties in communication between social workers in local authorities and hospitals were frequently highlighted with suggestions being made to help resolve the problems. For example, difficulties arising from the co-ordination of services were outlined in a report by the Consultant Physician Geriatric Co-ordinator in the City and County of Bristol.⁷⁰ He identified the ‘...urgent need for hospital beds where large numbers of elderly people could be investigated, treated and rehabilitated’, including the need for a psycho-geriatric assessment unit with the function of investigation and treatment. An essential element of the proposals was thought to be the provision of a common approach to social assessment between the hospital and welfare services.⁷¹ The report, together with an update that some progress had been made towards an agreed form of assessment, made it clear that the function of a co-ordinated assessment was critical in determining the most appropriate location for the care of older people.⁷² A further example was provided in a review of communication between a medical social worker at a paraplegic centre in the North West and five local health authorities which suggested that the information provided was too formal and lacked detail.⁷³ Moreover, because a letter was only sent to the Medical Officer of Health, welfare officers were usually unaware of people with disabilities who lived in the community.⁷⁴ It was suggested that an improvement in inter-disciplinary communication would be achieved if workers met face to face or held case conferences to discuss a patient’s needs following discharge.⁷⁵ The importance of a home assessment being carried out by occupational therapists or welfare officers was emphasised.⁷⁶

The requirement to engage in an inter-disciplinary assessment process created particular difficulties for occupational groups of social workers. Medical and psychiatric social workers, mental welfare officers and welfare officers all had close,

⁷⁰ CCB, Welfare Services Committee, 1st September 1966, ‘Report on the Geriatric Services for Bristol Clinical Area’, p. 5, 7th July 1966. BRO M/BCC/WEL/1/10.

⁷¹ *Ibid.*, pp. 5-6.

⁷² CCB, Meeting of the Welfare Services Visiting Rota, 2nd February 1967, Item 9, ‘Geriatric Report’. BRO M/BCC/WEL/1/10.

⁷³ T. K. Reti, *Role and Communication in the Rehabilitation of Paraplegics* (Liverpool, July 1968), p. 16.

⁷⁴ *Ibid.*, p. 29.

⁷⁵ *Ibid.*, pp. 21-22.

⁷⁶ *Ibid.*, pp. 68-69.

although different, administrative working relationships with medical, nursing and health visiting staff. Occupational groups social workers were not as well or widely established as health occupations and, with the exception of welfare officers, were exploring the roles and tasks which they had in common with a view to forming a single profession. Moreover, the development of services in the community further complicated the relationship between social workers in institutions and clinics and the increasing number employed by local authorities, in terms of who should take responsibility for different aspects of cases. It is therefore not surprising that the steps which were taken towards inter-disciplinary assessments were particularly tentative.

The importance of a thorough assessment of needs

The value of a thorough assessment of social needs which provided the proper basis for subsequent intervention was emphasised during the 1960s. The Ministry of Health drew attention to the importance of a careful assessment of medical and social needs before admitting older people to residential homes.⁷⁷ Goldberg referred to the importance of taking an appropriate amount of time to study and assess people's problems.⁷⁸ Kastell highlighted the value of a '...careful assessment...', whereas Jehu addressed the importance of exploring alternative courses of action in responding to an application for a child to be received into care.⁷⁹

However, the shortage of qualified social workers was constantly raised as a significant issue in applying a brake on the capacity of local authorities to carry out thorough assessments throughout the 1960s. As a consequence it was sometimes suggested that qualified and experienced social workers should carry out an assessment of complex situations with a view to other workers subsequently being involved. The Younghusband Report recommended that professionally trained social workers should carry out initial interviews with people where information suggested that problems were particularly difficult, making an assessment of the type

⁷⁷ MoH, *Memorandum for local authorities*, p. 3.

⁷⁸ Goldberg, *Welfare*, p. 36.

⁷⁹ Kastell, *Casework*, p. 92; Jehu, *Casework*, pp. 3-4.

of assistance required and whether the individual or family would be willing to receive it.⁸⁰ The Ingleby Report suggested that whereas most people would respond positively to the provision of help, a failure by clients to do so should lead to more careful diagnostic procedures which would require a number of trained staff to be available.⁸¹ When Children's Officers raised the possibility of child care officers joining with social workers from the Health and Welfare Departments in a common basic training followed by specialist teaching in respect of the principles of child care, they stressed the importance of qualified staff being involved in the '...assessment of situations...and subsequently to carry out the supervision' even if this involved assisting less experienced workers in those tasks.⁸²

Similarly, a Statement made in 1961 by a group representing almoners, psychiatric social workers and family caseworkers argued that if many of the senior welfare officer posts in local authorities were filled by professionally trained social workers, they could contribute their social work skills in particular to the stage of intake and assessment. Helping a social worker to obtain as complete a picture of the situation as possible was regarded as a valid role.⁸³ Referring to its earlier submission to the Seebohm Committee, the Community Care Group of the Association of Psychiatric Social Workers re-emphasised the potential for employing psychiatric social workers as intake workers '...to make a comprehensive social assessment and to allocate cases to the most appropriate workers (Paragraph 50)'.⁸⁴ In drawing attention to its principal concerns about the organisation and provision of the personal social services the Seebohm Report acknowledged that because it was difficult to recognise some people's needs, an expert diagnosis would sometimes be required.⁸⁵ Haines also called for the involvement of only skilled and experienced social workers in

⁸⁰ MoH, *Younghusband Report*, p. 169.

⁸¹ HO, *Ingleby Report*, p. 17.

⁸² ACO, *Comments On The Report Of The Working Party On Social Workers In Local Authority Health and Welfare Services: The Younghusband Report*, November 1960, p. 1 and p. 3. TNA MH 130/284.

⁸³ Standing Joint Committee of the Association of General and Family Caseworkers, Association of Psychiatric Social Workers and Institute of Almoners (September 1961), 'The Professional Social Worker in Local Authority Health and Welfare Services', pp. 2-3.

⁸⁴ APSW, Community Care Group, 'Additional Statement for the Purposes of the Association's Evidence to the Seebohm Committee, Statement on the Proposed Department of Social Services With Particular Reference to the Mental Health Service' (November 1966), p. 2. MRC MSS 378 APSW/P13/3: 36.

⁸⁵ Secretary of State for the Home Department, and others, *Seebohm Report*, p. 31.

responding to referrals to Children's Departments, as a result of which assessments would become clearer.⁸⁶

The shortage of qualified social workers in local authorities influenced Townsend to recommend their involvement in carrying out initial or assessment visits to older people with local voluntary societies being responsible for follow up friendly visits.⁸⁷ It was a model which some voluntary societies for older people aimed to adopt.⁸⁸ In hospital departments which employed welfare assistants it was usual for a medical social worker to carry out an assessment prior to a welfare officer assuming responsibility for a case.⁸⁹

The suggestion that qualified social workers should sometimes carry out an assessment of social need was significant for two reasons. Firstly, the assessment function was seen as a priority function for social workers who were qualified, in cases which presented particular challenges. Secondly, it was a significant departure from the practice of social casework which had been advanced in the 1950s, in which it was considered preferable that the relationship initially established with a client during the stage of study and diagnosis should be carried through to the treatment stage. Alternative ways of carrying out assessments provided the option for different administrative processes to develop, for example some Children's Departments introduced intake teams.⁹⁰

In keeping with the focus of its report, the Seebohm Committee had more to say about the organisation of assessment rather than the detail of its practice by social workers. Nevertheless, the chapters concerning each client group placed an

⁸⁶ Haines, *The use of resources*, p. 4.

⁸⁷ P. Townsend, *The Development of Home and Welfare Services for Old People 1946-60*. An address given on Friday 12th May 1961, at the annual general meeting of the Association of Directors of Welfare Services in the City of Bath, p. 17. TNA MH 130/272.

⁸⁸ For example, W. M. Bayes, *Visiting Services for the Elderly* (London, July 1965), p. 1.

⁸⁹ M. Moon, *The First Two Years: A Study of the Work Experience of Some Newly Qualified Medical Social Workers* (London, 1965), p. 31.

⁹⁰ R. Rowbottom, A. Hey and D. Billis, *Social Services Departments: Developing Patterns of Work Organization* (London, 1974), p. 176.

emphasis on identifying the needs of each group and the chapter on research highlighted the importance of evaluating the effectiveness of different services which were provided, so that an identification of the most suitable service could be made in the future. The Seebohm Report reflected a change in terminology, referring throughout to the ‘identification of needs’ rather than the ‘ascertainment of needs’.⁹¹ However, the language of diagnosis continued to be used. For example, referring to the specialist diagnostic provision in child guidance clinics and residential children’s centres, the report suggested that if local authorities combined them in one department the provision could be expanded and the balance between residential and non-residential assessment could be properly considered.⁹² In relation to older people the report stated that it did not propose to comment in detail about how local authorities ‘...should identify and assess need...’ but pointed out that they would have to introduce a system of early detection of needs if they were to establish a satisfactory service.⁹³ The same point about early identification was made in relation to people with physical disabilities.⁹⁴ In recommending that responsibility for people with mental health problems and people with learning disabilities should be with the proposed social service departments rather than remain with the Medical Officer of Health, the report stated that ‘[t]he social worker should be concerned with the whole family, learning how to make a family diagnosis...and mobilise a wide range of services’.⁹⁵

The identification of appropriate services

One of the purposes of making a thorough assessment of the social needs of a child, young person or adult was to identify the most suitable service(s) which would meet those needs. The expansion of social welfare services in local authorities from the late 1950s onwards to facilitate the development of the policies to support the stability of the family and community care resulted in the provision of a wider range of services for which an enhanced assessment needed to be made. The increasingly wide range of provision included both services in the community and the availability

⁹¹ For example, Secretary of State for the Home Department, and others, *Seebohm Report*, p. 91.

⁹² *Ibid.*, p. 81.

⁹³ *Ibid.*, p. 92.

⁹⁴ *Ibid.*, p. 104.

⁹⁵ *Ibid.*, p. 112.

of some specialised forms of boarding out, residential and institutional care. *Health and Welfare* was specific in pointing to the critical role of social workers in ensuring that older people and people with physical disabilities, mental health problems and learning disabilities could access services in their own home.⁹⁶ Jehu noted that a child care officer might choose to provide advice about changing the way that a child was cared for, family routines, or responding to behaviour or involvement of other family members in providing care. He addressed the range of services provided by a Children's Department or other agency, including the provision of a home help, day care place, financial assistance or help from a voluntary agency and stressed that it was a vital part of the child care officer's role to know about the services which could be available.⁹⁷

However, attention was also drawn to the continuing limited scope of some services and variation in provision between client groups and local authorities. In a speech to the International Association of Gerontology in 1960, one of the aims of which was to promote the training of highly qualified professionals working with older people Geraldine Aves, the Chief Welfare Officer, recognised that needs should be investigated in more detail.⁹⁸ She was further quoted after her retirement as stating in the mid-1960s that an effective health and welfare service required the development of domiciliary services in the community.⁹⁹ Significantly, attention was drawn by the Seebohm Report to the wide variation in services provided by local authorities, their separate histories and their fragmentation across different departments, as did the research carried out by Bleddyn Davies.¹⁰⁰

It is not possible to provide a full summary of the extent to which the availability of services increased during the 1960s in England and Wales. Lancashire County Council's programme of building occupation centres, residential homes and day

⁹⁶ MoH, *Health and Welfare* 1963, p. 16, p. 24 and p. 32.

⁹⁷ Jehu, *Casework*, pp. 4-5.

⁹⁸ G. Aves, 'Aims and Achievements in the Provision of Welfare Services in the United Kingdom', in J. Caplan and G. Aldridge, eds, *Social Welfare of the Aging* (New York, 1962), p. 258.

⁹⁹ Willmott, *A singular woman*, p. 138.

¹⁰⁰ Secretary of State for the Home Department, and others, *Seebohm Report*, pp. 24-26; B. Davies, *Social Needs and Resources in Local Services* (London, 1968).

centres and appointment of increasing numbers of social workers indicated how the function of assessment needed to become critical to the effectiveness of new services. For example, it was suggested in a report to the Welfare Services Sub-Committee that the closeness of the local geriatric unit of a general hospital to a day centre facilitated a complete assessment of both medical and social points of view, following which it was decided to expand the number of day centres in other parts of the County.¹⁰¹ In 1965 the Council reported that its work with people with mental health problems and people with learning disabilities since the implementation of the Mental Health Act, had been enhanced by the provision of places at eleven more hostels and sixteen more occupation centres. The emerging principles of social assessment were evident in the observation that its mental welfare officers carried out considerably more work which involved responding to cases on an individual basis and that they worked not only with the patient themselves but ‘...frequently on behalf of other members of the family on whom the care of a mentally disordered person can impose considerable strain’.¹⁰² Similarly, in deciding to become an adoption agency in 1960 Lancashire County Council anticipated that a ‘...more thorough exploration of the alternatives...’ would be necessary, including ‘...protracted preventive work...’ because they might be more appropriate than accepting that a child should be adopted.¹⁰³

The growing awareness of the need for changes to the investigation of child cruelty and neglect

In the early 1960s there was little change to the investigation of child cruelty and neglect although the Ingleby Committee provided an analysis of the situation which it found during its enquiries. It took the view that inter-departmental rivalry was responsible for workers not referring cases elsewhere for assistance either because a problem was not recognised or a belief that the worker who first dealt with a case

¹⁰¹ LCC, Welfare Services Sub-Committee, 2nd Jan 1964, ‘Day Care Unit – Laburnham House, Crompton’. LA CC/HWM/9.

¹⁰² LCC, Mental Health Sub-Committee, 7th April 1965, ‘Establishment of Mental Welfare Officers’. LA CC/HWM/ 4.

¹⁰³ LCC, Children’s Committee, 15th September 1960, ‘Adoption Act 1958’. LA CC/CWM/8.

should keep their involvement for as long as possible.¹⁰⁴ Commenting on the lack of analysis of social workers' roles and tasks the Committee's report also asserted that there was a failure to analyse the different processes which were involved; which it suggested were: '...a) the detection of families at risk; b) the investigation and diagnosis of the particular problem; c) treatment: the provision of facilities and services...'.¹⁰⁵ Arising from its suggestion that the second stage of investigation and diagnosis was often overlooked the report went on to recommend that there should be an early referral of cases of children at risk of neglect in their own home, to a unit of the local authority which was separate from other departments and in which staff were skilled in investigation and diagnosis.¹⁰⁶ However, the recommendation does not appear to have been subsequently discussed as a viable alternative to the often uneasy arrangement which existed between the staff of Children's Departments and local NSPCC inspectors. The relatively low profile afforded to work which involved the investigation of cruelty and neglect was further reflected in the submission of the Association of Children's Officers to the Seeborn Committee, in which the issue of child cruelty was not explicitly addressed.¹⁰⁷ Moreover, the Home Office report of its work with Children's Departments for 1967-69 contained no references to the work of investigating reports of child cruelty and neglect.¹⁰⁸ Burnham's interviews with a number of social workers who had been child care officers confirm that the NSPCC was more involved than Children's Departments in the investigation cruelty and neglect towards children during the 1960s.¹⁰⁹ The preference of most Children's Departments for the NSPCC to investigate the more serious cases of child cruelty and neglect appears to have continued into the 1960s.

However, following the identification of the 'battered-child syndrome' by C. Henry Kempe and others in 1962, the issue of cruelty and neglect of children became more

¹⁰⁴ HO, *Ingleby Report*, p. 16.

¹⁰⁵ *Ibid.*, p. 17.

¹⁰⁶ *Ibid.*, p. 18.

¹⁰⁷ The Association of Children's Officers, *Evidence to Committee on Local Authority and Allied Social Services* (April, 1966), p. 19.

¹⁰⁸ HO, *Tenth Report of the Work of the Children's Department, 1967-69* (London 1970).

¹⁰⁹ D. Burnham, *The Social Worker Speaks: A History of Social Workers Through the Twentieth Century* (Farnham, 2012), p. 116.

prominent in the work of both health and social workers.¹¹⁰ The British Paediatric Association published a memorandum which gave advice to doctors about the courses of action which could be taken when a deliberate injury to a child was suspected. The advice was reprinted in the journal of the Association of Child Care Officers without comment even though it included a recommendation that the Children's Officer should be notified if it was suspected that an injury had been caused deliberately.¹¹¹ Alternatively it was suggested that a consultant who already had links with an NSPCC inspector could approach him for advice.¹¹²

From the mid-1960s onwards local authority Children's Departments became more involved in the investigation of child cruelty and neglect, in particular work which arose from the identification of the 'battered baby syndrome'. A study of Birmingham City Council's Children's Department, carried out in 1966 by the Institute of Local Government in connection with local government re-organisation, found that it was responsible for keeping a register of families 'at risk', with 20 or 30 families being notified each week. Communication with other agencies was improved following the start of monthly discussions with the Public Health Department, paediatricians and the NSPCC.¹¹³ It was found that there was no co-ordination between hospitals to establish how many times a child may have been injured and there was sometimes reluctance by consultants to notify the Children's Department of cases which might be included in the 'at risk' register.¹¹⁴ At a similar time the records of the Children's Committee of Lancashire County Council explicitly referred to the investigation of neglect and cruelty by its own child care officers, with the increased responsibility of area children's officers in respect of court cases concerning neglect and cruelty considered to justify a re-grading.¹¹⁵

¹¹⁰ C. H. Kempe, and others, 'The Battered Child Syndrome', *Journal of the American Medical Association*, 181 (1962), pp. 17-24.

¹¹¹ Association of Child Care Officers, *Child Care News*, 54 (September 1966), pp. 10-11.

¹¹² *Ibid.*, p. 13.

¹¹³ Royal Commission on Local Government in England, Research Studies 7, *Aspects of Administration in a Large Local Authority* (London, 1968), p. 19.

¹¹⁴ *Ibid.*, p. 19.

¹¹⁵ LCC, Children's Committee, 21st December 1967, Agendum item 32, Report, p. 1. LA CC/CWM/12.

From the middle of the 1960s onwards there also appears to have been some improvement in the relationship between the staff of Children's Departments and the NSPCC. The study of Birmingham Children's Department reported that there had been an improvement in the relationship between the Children's Department and the NSPCC; because of a change in the national organisation's policy rather than local collaboration in the register of children who were 'at risk'.¹¹⁶ The children's officer for Bristol also noted an improvement in the relationship with the NSPCC which was attributed to its increased involvement in family casework.¹¹⁷ Further confirmation that the approach of the NSPCC was changing is found in the evidence of the Association of Child Care Officers to the Seebohm Committee which noted that the authoritarian approach of the NSPCC was changing and that staff were starting to be trained in positive casework and providing continuing support to families.¹¹⁸

The increasing involvement of child care officers in making a social assessment of a child's environment, including within the home, brought child care officers closer to the relationships which children experienced with their parents. That experience made it possible for them to know more about the functioning and inter-personal dynamics of a family and decide about the most suitable form of help, including advice provided directly by the child care officer. Together with medical revelations about children being physically harmed by their parents on a wider scale than had previously been identified, the importance of acquiring more detailed information about behaviour within families and making an assessment of its significance was enhanced. The principles of assessment which emerged during the 1960s could be applied to, and could themselves be further informed by, the increased awareness of social problems arising from child cruelty and neglect.

¹¹⁶ Royal Commission on Local Government in England, *Aspects of Administration*, p. 19.

¹¹⁷ CCB, Children's Committee, 22nd October 1969, Appendix B 'Children's Department Home Office Circular No. 98/1969, Section 1 of the Children and Young Persons Act 1963 Report to the Secretary of State', p. 3. BRO M/BCC/14.

¹¹⁸ Association of Child Care Officers, *A.C.C.O's Evidence to Seebohm* (London, May 1966), p. 19.

The impact of the development of social assessments on the staffing of local authorities

During the 1960s significant changes took place to the staffing of local authority Children's, Health and Welfare Departments. The changes included significant increases in the number of social work staff appointed, the secondment of staff to qualifying training courses and development of in-service training. Planning by local authorities, training organisations and professional associations reflected the expectation that the emerging principles of social assessment would begin to form part of the work of both qualified and unqualified social workers in the initial stages of all cases.

A direct consequence of the implementation of the Mental Health Act 1959, Children and Young Persons Act 1963, and increased spending on social welfare services was that local authorities started to employ significantly more staff as social workers. At the national level there was an increase in the number of mental welfare officers employed by local authorities from 1,128 at the end of 1961 to 1,808 in 1969, although by the latter date only 197 were qualified as a psychiatric or medical social worker or 'other university Applied Social Studies Course'. Nevertheless, 365 had obtained the Certificate in Social Work from the new two-year 'Younghusband Courses' in colleges of further education.¹¹⁹ A Lancashire County Council report noted that the recommendations of the Percy Report would require all mental welfare officers, including duly authorised officers, to undertake a wider role, including an increase in the amount of case work in the home, and diminish the need for compulsory certification.¹²⁰ A further report pointed to the benefit which would come from being able to appoint psychiatric social workers but regretted their lack of availability. It noted that the County only employed one psychiatric social worker,

¹¹⁹ MoH, *Health and Welfare 1963*, p. 25; Department of Health and Social Security (hereafter DHSS), *Annual Report 1970* (London, 1971), p. 211. The Department of Health and Social Security was formed in 1968 and included the former responsibilities of the Ministry of Health.

¹²⁰ LCC, Mental Health Sub-Committee, 2nd July, 1958, 'Mental Health Service – Increase in Establishment'. LA CC/HSM/2.

in the Oldham area, and that the worker had been seconded by the Council for training.¹²¹

Changes to the roles and tasks of mental welfare officers also took place in other local authorities. Reflecting the emerging principles of assessment Manchester County Borough decided to increase its staffing of the mental health service because of ‘...the need for painstaking individual case-work for all patients...’.¹²² Following the implementation of the Mental Health Act 1959 the City and County of Bristol Council drew attention to the considerable amount of time which mental welfare officers already spent at Mental Deficiency Assessment Clinics and the increasing amount of time spent in visiting people’s homes. It anticipated that the work, which included attendance at conferences, would become an essential part of the new community mental health service.¹²³ Bedfordshire County Council experienced a similar increase in the appointment of mental welfare officers almost doubling its establishment to 13 in 1963, three of which were psychiatric social workers, to develop various forms of support for families with the need for ‘proper identification and skilled assessment’.¹²⁴

Issues arising from the employment of more mental welfare officers in local authorities were addressed in research by Rehin, Houghton and Martin. They concluded that the work of mental welfare officers was more focused on the client’s home than the work of social workers in hospitals, even though half of the latter’s clients were at home.¹²⁵ About half of mental welfare officers’ interviews were to make an assessment of a person’s need for psychiatric treatment whereas hospital social workers’ interviews were mainly for providing social histories and assessments with a view to a patient’s discharge. Mental welfare officers were found

¹²¹ LCC, Mental Health Sub-Committee, 7th October 1959, Appendix A, ‘The Mental Health Act’, p. 9. LA CC/HSM/2.

¹²² Manchester County Borough, Mental Health Sub-Committee, 4th November 1958, ‘Establishment – Mental Health Service’. GMRO/MA, Vol 3, p. 650.

¹²³ CCB, Health (Mental Health) Sub-Committee, 10th February 1960, Minutes, ‘Proposals of the Bristol City Council for the Provision of Mental Health Services’, pp. 3-4. BRO M/BCC/HEA/33/1.

¹²⁴ French, *A history*, pp. 6-7 and p. 9.

¹²⁵ Rehin, Houghton and Martin, *Mental health social work*, p. 349.

to be involved with clients for a longer period of time, conducted longer interviews and placed more emphasis on the importance of establishing a relationship with clients than hospital social workers whose work was frequently short term and more involved in after care.¹²⁶ The researchers found that hospital social workers and mental welfare officers had few opportunities to engage in interviews which involved extensive casework on a planned basis.¹²⁷ Rehin, Houghton and Martin's findings were consistent with the difficulties which medical social workers experienced in carrying out social assessments because of their institutional location, which were addressed in publications of the Institute of Almoners.¹²⁸

From a social policy perspective Anthony Forder argued that a hospital was not the most suitable location from which to become familiar with the social circumstances of patients because of the limited number of home visits which were made.¹²⁹ Moreover, Rehin, Houghton and Martin's research together with Moon's analysis of the work of newly qualified medical social workers clearly pointed to the difficulties experienced by social workers based in hospitals in familiarising themselves with both the circumstances of families and the availability of services. The value of social workers who were based in a community setting being able to establish closer links with patients' homes became increasingly evident. It is therefore not surprising that increasing numbers of psychiatric social workers were employed as mental welfare officers by local authorities during the 1960s.

Authors have generally commented on the slow pace of developments in community care for adults during the 1960s.¹³⁰ However, it is important to note the particularly low level of provision which existed during the 1950s and, accordingly, that the

¹²⁶ *Ibid.*, p. 341-42.

¹²⁷ *Ibid.*, p. 341.

¹²⁸ E. Gloyne, 'Medical Social Work Practice in Public Health', *Medical Social Work*, 16 (1963), pp. 105-6; Moon, *First two years*, pp. 35-50; H. Bate, 'The Basic Task of Social Work in Hospital Teaching Today', *Medical Social Work*, 22 (1970), p. 353.

¹²⁹ A. Forder, *Social Casework and Administration* (London, 1966), pp. 95-96.

¹³⁰ For example, J. Welshman, 'Organisations, Structures and Community Care, 1948-71: From Control to Care?', in J. Welshman ed., *Community Care in Perspective; Care, Control and Citizenship* (Basingstoke, 2006), p. 76; A. Rogers and D. Pilgrim, *Mental Health Policy in Britain* (Basingstoke, 2001), p. 65.

Mental Health Act 1959 required a significant change in orientation of mental health work in most local authorities. Earlier in the decade Martin and Rehin were doubtful about how effective the legislation would be but acknowledged that in relation to staffing ‘...the record of development since the Mental Health Act might also be read as a considerable achievement, particularly in some areas where the level of provision of social workers already exceeds the national target’.¹³¹ They drew attention to the statistics produced by the Ministry of Health which showed that in 1962 about 135,000 people were in receipt of local authority mental health services, of which about 51,000 had mental health problems, the others having learning disabilities. In 1967 approximately 185,000 people received services of which nearly half had mental health problems. Although no statistics were available for the work carried out by social workers, Martin and Rehin drew attention to the 44% increase in social workers employed by the local authority mental health services between 1962 when there were 1,247, and 1967 when 1,794 were employed.¹³² Although capital expenditure on hostels and occupation centres in some local authorities was very limited, the expansion of staffing increased the availability of mental welfare officers to individuals and families in their homes and in visiting patients in hospitals. Mental welfare officers were critical in beginning to make the policy of community care a reality.

The assessment of children’s needs was identified as one of the specific functions of the increased numbers of child care officers during the 1960s. For example, the critical role of child care officers in recognising and assessing children’s needs in relation to the most suitable placement was highlighted in a report of the London County Council.¹³³ The duty to carry out preventive work under Section 1 of the Children and Young Persons Act 1963 resulted in Children’s Departments reviewing and increasing their staffing levels throughout the 1960s with the number of child care officers rising from about 1,000 in 1956 to about 1,500 in 1962 and doubling by

¹³¹ F. M. Martin and G. F. Rehin, *Towards Community Care: Problems and Policies in the Mental Health Service* (London, 1969), p. 233.

¹³² *Ibid.*, pp. 235-37.

¹³³ London County Council, ‘Expansion of Casework in the Children’s Department, Second Report of the Working Party of Officers From the Clerk of the Council’s, Comptrollers, Public Health and Children’s Departments (December, 1962)’, p. 3. TNA BN 29/1306.

1969 to 3,082.¹³⁴ In October 1963 Lancashire County Council decided to appoint eleven assistant area children's officers and twelve family caseworkers.¹³⁵ The change in focus is reflected in a Lancashire County Council staffing report in 1964 which pointed to the work of senior child care staff, following the implementation of the Children and Young Persons Act 1963, in giving '...much guidance and support to Area staff in investigating the circumstances of these families and assessing what help should be recommended within the terms of the act'.¹³⁶

The increase in work which involved child care officers familiarising themselves with the circumstances of families was also evident in the Children's Department of the City and County of Bristol which decided to appoint an additional four child care officers in 1963.¹³⁷ A report from the Children's Officer stated that the transfer of family casework from the Health and Welfare Committee had resulted in a further significant increase in its work.¹³⁸ The Council's report to the Home Office in 1969 about the implementation of the preventive duty under Section 1 of the Children and Young Persons Act 1963 showed that 642 families were being provided with casework support in March 1969, an increase from 278 in September 1965.¹³⁹ In reports about the impact of the Children and Young Persons Act 1963 on the preventive work of his Department, and reflecting the emerging principles of assessment, the Children's Officer referred to the 'investigation and assessment' work of social workers with families as a specific stage in the process of work with all cases and drew attention to the time it took to carry out a thorough assessment.¹⁴⁰ A very different aspect of the Children's Department's work also involved a

¹³⁴ Packman, *The child's generation*, p. 69; HO, *Report 1967-9*, p. 14.

¹³⁵ LCC, Children's Committee, 17th October 1963, 'Staffing Review of Children's Department'. LA CC/CWM/9.

¹³⁶ LCC, Children's Committee, 16th July 1964, 'Staffing Review of Children's Department', p. 8. LA LCC/CWM/10.

¹³⁷ CCB, Children's Committee, 30th October 1963, 'Implementation of the Children and Young Persons Act 1963'. BRO M/BCC/CH/8.

¹³⁸ CCB, Children's Committee, 31st March 1965, Appendix 'A' Agenda item no. 18, 'Attendance of Field Officers...', p. 1. BRO M/BCC/CH/10.

¹³⁹ CCB, Children's Committee, 22nd October 1968, 'Home Office Circular No. 98/1969, Section 1 of the Children and Young Persons Act 1963, Report to the Secretary of State', p. 1. BRO M/BCC/CH/14; CCB, Children's Committee, Agenda item no. 5 Appendix 'A', 'Annual Estimates, Report on Field Staff etc. requirements, Appendix A, 19th November 1965', p. 3. BRO M/BCC/CH/10.

¹⁴⁰ CCB, Adoptions, Boarding-Out & Prevention Sub-Committee, 12th January 1967, Appendix C, 'Report by the Children's Officer on Prevention Work', pp. 2-3. BRO M/BCC/CH/11.

significant increase in work, with the number of adoptions arranged by the Department rising from 195 in 1962 to 267 in 1965.¹⁴¹

Together with the Mental Health Act 1959, the Children and Young Persons Act 1963 had a major impact on re-orientating the work of social workers towards engaging directly with families to support them in the care of their dependants. The influence which the policies for community care and the provision of support to families had on the requirements of the legislation and their implementation by local authorities were clearly evident. Social work practice started to be enhanced within that social policy arena although it continued to be the responsibility of child care officers to be involved in making decisions about placing children in residential care, mental welfare officers to apply for the admission of people to mental hospitals, and welfare officers to place older people in residential care. Nevertheless, it was expected that those decisions would be increasingly based on a careful consideration of alternative forms of care within the community. The rationale given by senior officers in their reports to the relevant local authority committees for increases in staff was sometimes explicitly based on the emerging principles of social assessment, although their implementation in practice was limited by significant gaps in the knowledge and skills of social workers.

Although legislation concerning services for people with mental health problems, people with learning disabilities, and children and their families was explicit in orientating social work towards community care, changes also started to be made in the late 1950s in the staffing of services for older people and people with physical disabilities. In a Conference speech Derek Walker-Smith, Minister of Health, pointed to the implications of the Percy Report for older people and people with disabilities, in being able to live in their own homes and the consequent requirement for ‘...the availability of the right kind of welfare workers...’.¹⁴² In their expansion of the numbers of welfare officers to work with older people and people with

¹⁴¹ CCB, Children’s Committee, 27th April 1966, ‘Adoption Statistics’. BRO M/BCC/CH/11.

¹⁴² National Old People’s Welfare Council, Rt. Hon. Derek Walker-Smith, ‘Future Pattern of Care for the Elderly through Health and Welfare Services’, in *Report of the Ninth Conference of The National Old People’s Welfare Council, The Care of the Elderly* (London, 1958), p. 9.

physical disabilities, most local authorities decided to employ social welfare officers rather than expand the work of health visitors. In 1957 a Lancashire County Council report suggested that although the work of health visitors in visiting people with physical disabilities was valuable they were mainly involved in meeting specific needs, whereas a casework approach would consider all aspects of their needs. It suggested that a new type of social worker was required, following which an experimental scheme was started in two health areas, with the additional staff referred to as social welfare visitors.¹⁴³ The following year a report referred repeatedly to their work in the assessment of needs of both individuals and of an area, and suggested that the same workers could assess the needs of older people who might need residential accommodation.¹⁴⁴ The involvement of health visitors came under further review at the beginning of the 1960s when concern was expressed at inconsistencies arising from large numbers of health visitors making decisions about the residential care of older people. It was decided that social welfare officers would be appointed in all except one of the Health Divisions to carry out the work and that they would be responsible to Divisional Welfare Organisers whose duties were re-designated to focus on social work.¹⁴⁵

Similar changes were made elsewhere, for example in 1958 Essex County Council appointed three visiting officers to carry out a survey of the 'priority requirements' of people with physical disabilities following which five further visitors were appointed in 1960. The work of staff, referred to as social welfare officers, included '...carrying out case work according to the individual needs of the handicapped people...' and the number of registrations increased from 2,449 in 1958 to 5,345 in 1964.¹⁴⁶ In his survey of the provision of all welfare services by Greater London boroughs and counties Ruck pointed to the example of two boroughs in South West Essex which both employed a trained social worker as a full time visitor to older

¹⁴³ LCC, Welfare Services Sub-Committee, 6th February, 1957, Agendum No. 18, 'Scheme for the Provision of Welfare Services for Handicapped Persons Other than the Blind, Partially sighted and Deaf and Dumb', p. 15. LA CC HWM/4.

¹⁴⁴ LCC, Welfare Services Sub Committee, 4th June 1958, Appendix A, 'Scheme for the Provision of Welfare Services for Handicapped Persons, Other than the Blind, Partially-Sighted and Deaf and Dumb', p. 1 and p. 5. LA CC HWM/5.

¹⁴⁵ LCC, Welfare Services Sub-Committee, 7th June 1961, 'Duties of Divisional Welfare Organisers and Employment of Social Workers'. LA CC HWM/7.

¹⁴⁶ Boyce, *Welfare services in Essex*, pp. 28-30.

people; their training and full time role was found to be particularly effective in identifying problems experienced by older people who were the most needy.¹⁴⁷ Reinforcement of the value of ‘careful assessment’ of the individual social needs of older people who were ‘mentally infirm’ and the function of social workers in ensuring that people with a physical disability and their family made use of the wide range of services, was provided in the 1963 *Health and Welfare* document.¹⁴⁸ It was significant that throughout the document an explicit differentiation was made between the roles of health visitors and social workers together with an expectation that there would be an increase in the number of social workers employed by local authorities.

The employment of social welfare officers and mental welfare officers by local authorities in the late 1950s and early 1960s, rather than health visitors, to assess and meet the needs of adult groups of clients marked a significant juncture from which social workers became an increasingly identifiable and larger group of employees within local authorities. In her study of the development of health and welfare services in four local authorities Brown traced the way in which the work of welfare officers, in which assessment played a critical part, drew on the approach of qualified social workers whilst at the same time broadening the concept of social administration. She concluded that the requirement to make an assessment of which older people should be admitted to residential care and how domiciliary services could meet older people’s needs started to be recognised as a skilled activity and that staff in the welfare services could draw on the professional values of qualified social workers. In relation to work with people with physical disabilities Brown further suggested that although welfare workers initially based their model of working on home teachers for the blind, as understanding of the needs of people who were disabled grew ‘...so did the realisation that they could only be met by professional

¹⁴⁷ Ruck, *London government*, p. 36 and pp. 145-46.

¹⁴⁸ MoH, *Health and Welfare 1963*, p. 22 and p. 32.

skills'.¹⁴⁹ Nevertheless, Brown drew attention to both the lack of awareness of the extent of need and of reliable criteria for assessing needs.¹⁵⁰

The value of the local knowledge of welfare officers in local authority Health and Welfare Departments in assessing the needs of older people was commented on in the second half of the 1960s. A research project which was prompted by the differences between local authority plans in *Health and Welfare* noted that although welfare officers undertook a considerable amount of work they carried excessive caseloads.¹⁵¹ It discussed the difference between demand and need and concluded that local authorities should have '...officials who can investigate and assess the need quickly, and also be in a position to meet the need without too much delay'.¹⁵² In Nottingham the extent of the information held by the local authority about older people was the subject of a favourable comment about the value of employing a welfare officer rather hospital social worker in an experimental psycho-geriatric 'Joint Assessment and Early Treatment Unit'.¹⁵³ Official policy for the assessment of older people was issued in a Department of Health and Social Security (DHSS) memorandum which advised that an assessment of older people with mental health problems should take place wherever possible in the community but also asked hospital authorities to establish a unit in general hospitals.¹⁵⁴

The employment of staff designated as social workers rather than health visitors in social welfare work with older people found support in the work of a number of social policy academics. In her review of provision for older people during the 1950s, Kathleen Slack concluded that if their social as well as health needs were to be addressed, it would be necessary to appoint more social workers than health

¹⁴⁹ M. Brown, 'The Development of Local Authority Welfare Services from 1948-1965 under Part 111 of the National Assistance Act 1948', unpublished PhD thesis, University of Manchester, 1972, pp. 252-55.

¹⁵⁰ *Ibid.*, p. 255.

¹⁵¹ A. Harris, *Social Welfare for the Elderly: A Study in Thirteen Local Authority Areas in England, Scotland and Wales* (London, 1968), p. 58.

¹⁵² *Ibid.*, p. 65.

¹⁵³ E. V. B. Morton, M. E. Barker and D. Macmillan, 'The Joint Assessment and Early Treatment Unit in Psycho-Geriatric Care', *Gerontologica Clinica*, 10 (1968), p. 66.

¹⁵⁴ DHSS, *Annual Report 1970*, p. 48.

visitors and anticipated that the implementation of the recommendations of the Younghusband Report would bring that about.¹⁵⁵ Townsend similarly advocated the expansion of the welfare departments, which would be separate from the health services, and which would include staff with social work training.¹⁵⁶ More recently, Means and Smith outlined the arguments which were made during the late 1950s and the 1960s for, respectively, the medical and social work control of welfare services for older people.¹⁵⁷ In discussing the different reasons why senior welfare officer staff supported the creation of single social service departments and the integration of welfare work with a social work approach, Means and Smith pointed to the growth of work with older people.¹⁵⁸ However, the significance of planned changes in the appointment of staff to work with people with disabilities for the subsequent integration of welfare officers with groups of qualified social workers should not be overlooked.

Although services for older people and people with physical disabilities were not developed to the same extent as for children, people with mental health problems and people with learning disabilities, the relevance of an assessment of their immediate and wider needs started to be addressed in local authorities and in the literature. The recognition of the relevance of the assessment function to social work with older people and people with physical disabilities, an area of provision in which very few social workers were qualified, broadly associated the work of welfare officers with other social workers. Nevertheless, the extent to which work with older people and people with physical disabilities continued to be at a different stage of development was reflected in the absence of welfare officers in the formal negotiations which took place with a view to exploring whether social workers could become a single occupational group.

The opportunity of enhancing the assessment of the social needs of children, young people and adults was referred to in the discussions which took place about

¹⁵⁵ K. Slack, *Councils, Committees and Concern for the Old* (Welwyn, 1960), p. 125.

¹⁵⁶ Townsend, *The development*, p. 17.

¹⁵⁷ Means and Smith, *From poor law*, pp. 280-301.

¹⁵⁸ *Ibid.*, pp. 300-301.

establishing a single professional body to represent social workers. In 1959 the Association of Psychiatric Social Workers, Institute of Almoners and Association of General and Family Case Workers met to discuss the contribution which they could make to the implementation of the Younghusband Report. They anticipated that some of their members would be appointed as senior social welfare officers and suggested that '[t]he skills of the professionally trained social worker are particularly useful at the stage of intake and assessment of cases'.¹⁵⁹ The representative bodies expressed the hope that a comprehensive organisation of all services would remove the barriers between artificial categories of need.¹⁶⁰ Similarly, the Standing Conference of Organisations of Social Workers which was formed in 1963 with a view to exploring the possibility of forming a single representative body of social workers, argued that by combining the occupational groups '[i]t would be possible to obtain a more accurate and comprehensive picture of the needs of social work clientele...'.¹⁶¹

The appointment of increasing numbers of social workers in local authorities and their professional aspirations was supported by the development of courses of training leading to a formal qualification in social work following the recommendations of the Younghusband Report. As the roles and tasks of social workers became the subject of closer analysis, the function of assessment was highlighted as a specific activity for which social workers would need training. In a review of two year training courses, the Council for Training in Social Work suggested that a social worker was required;

- (a) to assess the nature and degree of physical and psychological handicaps of clients, in terms of social functioning; (b) to assess the range of

¹⁵⁹ Standing Joint Committee, *The professional social worker*, p. 2.

¹⁶⁰ *Ibid.*, p. 1.

¹⁶¹ Standing Conference of Organisations of Social Workers, Discussion Paper No 11, *The Report of the Working Party on the Future Organisation of Social Workers* (London, November 1966), p. 3. The Standing Conference of Organisations of Social Workers met for the first time on 22 February 1963 and involved The Association of Child Care Officers, The Association of General and Family Caseworkers, the Association of Psychiatric Social Workers, The Association of Social Workers, the Institute of Almoners, the Moral Welfare Workers Association and the National Association of Probation officers. They were joined in 1964 by The Society of Mental Welfare Officers.

problems encountered and to select a suitable point of focus for helping a client...¹⁶²

In outlining the objectives of social work training the National Institute for Social Work Training listed five duties of social workers; the first was to assess emotional and environmental needs.¹⁶³ The Institute also addressed the importance of referring elsewhere if necessary following the making of a social diagnosis.¹⁶⁴

The change of focus from carrying out an assessment of an individual to an individual in the context of their social environment was reflected in the policy for training child care officers. As part of a case made for yet a further increase in staffing in 1966, the Lancashire County Council Children's Officer quoted from the Central Training Council in Child Care's evidence to the Mallaby Committee, which stated that child care officers '...must be able to assess character and situations which involve much more than knowledge of children's development'.¹⁶⁵ The same passage was quoted and pressed upon the Chairmen of all Children's Committees by the chairman of a working party of the Central Training Council at a Conference in 1966.¹⁶⁶ A course for senior officers of Children's Departments provided an opportunity to explore the way in which they could support the casework of child care officers in expanding Children's Departments. Priscilla Young addressed the problems which child care officers experienced in diagnosis and suggested that they involved the difficulty of distinguishing between evidence and opinion, the importance of understanding how a child, young person or parent views a situation

¹⁶² Council for Training in Social Work, 'Standing Committee on Approval and Review of Courses (June, 1964)', p. 3. MRC MSS.463/EY/B4/4. The Council for Training in Social Work, formed in 1962, was responsible for the one and two year courses in colleges of further education which led to the Certificate in Social Work.

¹⁶³ National Institute for Social Work Training, 'Outline of Objectives'. MRC MSS.463 EY/B4/4. The National Institute for Social Work Training was formed in 1961 to promote training in social work.

¹⁶⁴ *Ibid.*, p. 3.

¹⁶⁵ LCC, Children's Committee, 14th July, 1966, Agendum No. 31, Report, p. 3. LA CC/CWM/11. The Mallaby Committee was appointed in 1964 to review staffing in local government.

¹⁶⁶ CCB, Children's Committee, 25th May 1966, Agenda Item No.21, 'Child Care Conference – Hastings 19/20 April, 1966, Organised by the Association of Municipal Corporations and the County Councils Association, Summary of Talks', p. 3. BRO M/BCC/CH/11.

and recognising that a young person will experience ambivalence about alternative courses of action.¹⁶⁷

Exposure of welfare officers to the principles of investigation and assessment which were developed during the 1960s came about through in-service training and the secondment of welfare officers to the two-year 'Younghusband Courses'. For example, the priority which the Council for Training in Social Work attached to training social workers in the intake work of local authorities and the assessment of clients was emphasised in its evidence to the Seeborn Committee.¹⁶⁸ Difficulties in carrying out a comprehensive assessment were said to arise because of the fragmented organisation of staff and services.¹⁶⁹ An indication of the relatively fast moving situation is found in the response of local authorities to the availability of the 'Younghusband Courses'. Having proposed in June 1961 that three members of staff would be given leave of absence, Lancashire County Council decided in July 1961 that the number would be increased to six.¹⁷⁰ The Council further decided in 1964 that in order to increase the number of trained welfare officers and mental welfare officers it would only recruit trained or experienced staff. However, if they were not available welfare assistants would be appointed with a view to them being seconded to the two year training courses. The secondment of staff by the City and County of Bristol from 1963 was a response to the publication of the 10 year plans for health and welfare.¹⁷¹ Approval for the secondment of two welfare assistants was given by April of the following year with a policy of seconding two welfare officers each year established in 1966.¹⁷²

¹⁶⁷ P. Young, 'Casework Supervision', in ACCO, *Administration and Staff Supervision in the Child Care Service* (London, c.1965), p. 40.

¹⁶⁸ Council for Training in Social Work, *Evidence to the Committee on Local Authority and Allied Personal Services* (May, 1966), p. 4.

¹⁶⁹ *Ibid.*, p. 6.

¹⁷⁰ LCC, Welfare Services Sub-Committee, 5th July 1961, Minutes, 'Training of Social Workers'. LA CC HWM/7.

¹⁷¹ CCB, Special Meeting of the Welfare Services Committee, 29th August 1963, 'Observations of Welfare Services Officer upon Command Paper 1973 – Health and Welfare Development of Community Care, 30.5.63', p. 7. BRO M/BCC/WEL/1/7.

¹⁷² CCB, Welfare Services (Staff) Sub-Committee, 'Report to Staff Sub-Committee', 23rd April 1964. BRO M/BCC/WEL/1/7; CCB, Welfare Services (Staff) Sub-Committee, Item 27, 21st September 1967, 'Social Work Training Course – Application for Secondment'. BRO M/BCC/WEL/1/11.

An experimental in-service training and staff development programme for experienced but untrained social workers, which was introduced by the National Institute for Social Work Training in a number of local authorities, emphasised the importance of focussing on people's human needs, suggesting that it was a new approach.¹⁷³ In listing the component parts of the social worker's task the curriculum included the obtaining of information and observation with a view to understanding a problem, together with making inferences and tentative conclusions.¹⁷⁴

The increased number of referrals and wider identification of social needs did not lead to a reduction in the total number of children, young people and adults entering residential and institutional care. However, the direction of social policy and the requirements of legislation passed between 1958 and 1969 were clearly established. The initial planning of services and training carried out by senior officers of local authorities and newly established training organisations were in part a direct response to the increasing range of services provided; for which a social work role in carrying out assessments became increasingly significant.

Conclusion

The expansion of social work within newly established SSDs in 1971 has been properly regarded as a critical turning point in its historical development. However, the most significant influences on shaping the direction of social work, the policies of community care and providing specific forms of support to families, had already started to change the roles and tasks of increasing numbers of social workers during the 1960s. That orientation of social work was confirmed in the Seebohm Report's assertion that '...a unified department will provide better services for those in need because it will ensure a more co-ordinated and comprehensive approach to the

¹⁷³ M. Moscrop, *In-Service Training and Staff Development* (London, 1967), p. 7.

¹⁷⁴ *Ibid.*, pp. 47-48.

problems of individuals and families and the community...'.¹⁷⁵ The establishing of SSDs in 1971 represented an organisational change which provided the opportunity to consolidate the direction of policy rather than re-direct it.

To facilitate that change an important stage in the development of the assessment function of social workers in local authorities took place during the 1960s. Social assessment was differentiated from medical assessment in government policy and social workers rather than health visitors were appointed in increasing numbers. As a unifying influence on occupational groups of social workers, principles of social assessment emerged which were increasingly regarded as being relevant to the work of qualified and unqualified social workers, all groups of clients and in both short term and long term cases. Although external influences were more significant in the change of focus of assessment from the individual to the individual in the context of their social environment, the theoretical development of social casework was influential in developing the principles of assessment. However, legislation which was implemented to provide support to people with mental health problems and people with learning disabilities together with their families, and for children and their families, meant that the principles of assessment were addressed more fully in connection with those services.

The increase in the range of services available, including direct advice by social workers to people in their own homes, meant that the work of assessment became critical in ensuring appropriate services were identified. Recognition of the increasing importance of the association of assessment with the discourse of 'human needs', was evidenced in the development of curricula for the training of social workers. Nevertheless, although it was recognised that the assessment function should be consolidated in the work of local authorities there were significant limitations in its implementation arising from the lack of formal guidance and shortage of qualified social workers.

¹⁷⁵ Secretary of State for the Home Department, and others, *Seebohm Report*, p. 44.

Chapter 5: The expansion of social work and assessment of social needs, 1968-1974

The period from 1968 to 1974 was particularly significant for the development of social work. It started with the publication of the Seebohm Report, continued with legislation which was designed to complete the comprehensive introduction of personal social services and the introduction of single SSDs, and ended with the reorganisation of local government boundaries. Of particular significance at the end of the period was the advent of an economic crisis. In that environment the chapter draws attention to the broad cross party support of Labour and Conservative Members of Parliament for legislative measures which afforded some stability in the political process. However, the significant increases in expenditure agreed for the newly established SSDs not only enhanced the standing of the personal social services within local government but made them more open to public scrutiny. Concern arising from the death of Maria Colwell was the most significant example of that examination. The chapter discusses the changes which local authorities and the emerging social work profession carried out to review the basis on which services were provided. In that process some local authorities introduced intake teams to respond to a significant increase in referrals but it was also suggested that there was limited formal guidance available to social workers in making assessments of the needs of children, young people and adults.

The 1950s and 1960s have been portrayed in some social work literature as a period leading to social work being at a peak or 'high point' during the early 1970s. A critical analysis of the literature towards the end of the chapter evaluates the case which has been made and suggests that the claim is relevant to some aspects of the stage which social work had reached at the point of the mid-1970s. However, the chapter argues that in view of the limited development of many dimensions of social work the period from the end of the Second World War to the mid-1970s, including the assessment function, it should rather be interpreted as a transitional period.

The provision of a comprehensive service at the beginning of the 1970s

The principal recommendation of the Seebohm Report, published in 1968, was that local authorities should establish a single social service department which would bring together a wide range of social welfare provision in a comprehensive service.¹ In planning the development of comprehensive personal social services and moving the second reading of the Local Social Services Bill, Richard Crossman, Secretary of State for Social Services, said that the creation of a single social service department in each local authority marked the beginning of the second stage of implementation of the welfare state.² He stated that the principal objective of the personal social services was to prevent family breakdown and strengthen the ability of families in caring for members who could not look after themselves.³ Crossman argued that the location of services in either a social service department or within the health services should be based on whether primarily medical or social skills were required.⁴ The Bill and the Chronically Sick and Disabled Persons Bill were passed with the support of the Conservative opposition on 29th May 1970, the day on which Parliament was dissolved.

The importance of the specific function of assessment in the provision of comprehensive personal social services in the early 1970s was emphasised in the speeches of politicians and in legislation and government Circulars. Mark Carlisle, Under-Secretary of State for the Home Office, acknowledged that the coherence of the services which had been brought together was not necessarily easy to identify.⁵ Nevertheless, he emphasised that the work of SSDs would be shaped by an assessment of the needs of individuals, families and the community and that this work should be seen as a whole.⁶ Having ascertained that a person was entitled to a

¹ Secretary of State for the Home Department, and others, *Seebohm Report*, p. 220.

² Hansard, 26 February 1970, Volume 796, c.1407.

³ *Ibid.*, c. 1408.

⁴ *Ibid.*, c. 1417.

⁵ ACO, M. Carlisle, Parliamentary Under-Secretary of State, Home Office, 'The Community, the Family and Children in Trouble', in *The Association of Children's Officers, Proceedings of Twenty-First Annual Conference Theme: 'Change'*, Brighton 30th September, 1st and 2nd October, 1970, p. 17.

⁶ *Ibid.*, p. 18.

specific kind of help as a result of being substantially and permanently handicapped under Section 2 of the Chronically Sick and Disabled Persons Act 1970, DHSS Circular 12/70 required local authorities to assess a person's requirements as a whole rather than specifically in relation to their disability. Attention was drawn to the importance of acquiring a complete rather than partial picture of the situation and the Circular pointed out that it might be necessary to initially meet other needs.⁷ Reflecting the principles which had emerged during the 1960s, the advice clearly linked assessment of the needs of an individual with all aspects of a person's social situation.

Further legislation for older people and children extended the powers and duties of local authorities in relation to assessment and required them to be aware of the extent of need in their areas. The limited provisions of the National Assistance (Amendment) Act 1962 in relation to older people were enhanced by the wider power given to local authorities under Section 45 of the Health Services and Public Health Act 1968 to promote the welfare of older people.⁸ Implementation of the section in 1971 included a recommendation that local authorities carried out local surveys of social needs.⁹ Relating to the provision of community homes, Section 36(4) of the Children and Young Persons Act 1969 required local authorities to establish regional planning groups to ensure the availability of residential accommodation for children and young people and to make an assessment of which placement and treatment would be most suitable for individual children.¹⁰

The introduction of a more comprehensive range of personal social services was made possible by the extent of cross party support for legislation and policy between 1968 and 1975. It was evident in the support afforded for the Health Services and Public Health Act 1968 and the passing of the Local Authority Social Services and the Chronically Sick and Disabled Persons Acts at a time of heightened political

⁷ DHSS, Circular 12/70, 'Chronically Sick and Disabled Persons Act 1970', p. 2. LSEA Morris 2/3/3.

⁸ Health Services and Public Health Act 1968 s.45.

⁹ DHSS, Circular 19/71, 'Welfare of the Elderly: Implementation of Section 45 of the Health Services and Public Health Act 1968', p. 3. TNA MH 154/658 17a.

¹⁰ Children and Young Persons Act 1969 s.36.

tension ahead of the general election in 1970. Confirmation that social welfare legislation continued to be the subject of a broadly bi-partisan approach by Conservative and Labour parties was evident following the election of a Conservative government on 10th June 1970. After being in office for a short period, Mark Carlisle, Under-Secretary of State for the Home Office, confirmed that the incoming Conservative government had no reservations about implementing the Local Authority Social Services Act 1970 and that it was in agreement with substantial parts of the Children and Young Persons Act 1969.¹¹ Cross party support was also evident for the private members bills of Alfred Morris (the Chronically Sick and Disabled Persons Bill) and David Owen (the Children Bill of 1974). Continuity with the development of policy for adoption and people with learning disabilities by the Labour government which was defeated in 1970 also occurred under the incoming Conservative government. Taking note of the Houghton Committee Report about adoption, Keith Joseph, Secretary of State for Social Services, referred to the part which improved adoption provision would play in a comprehensive child care service.¹² A White Paper about policy for people with learning disabilities which was nearly ready for publication prior to the general election in 1970 was regarded by Richard Crossman as being non-political.¹³ The White Paper which was subsequently published in July 1971 called for comprehensive assessments to be made for people with learning disabilities.¹⁴ A plan, published in 1971 by the Conservative government to reduce the number of people with mental health problems in old style mental hospitals *Hospital Services for the Mentally Ill*, envisaged the creation of therapeutic teams in the community, including social workers, which would provide support not just to people with mental health problems but to a person's family as well.¹⁵ The proposals contributed significantly to the Labour government's White Paper *Better Services for the Mentally Ill* in 1975.

¹¹ ACO, *The community*, p. 15.

¹² Hansard, Volume 863, 9 November 1973, c.1339.

¹³ R. Crossman, *Diaries of a Cabinet Minister, Volume Three, Secretary of State for Social Services 1968-1970* (London, 1977), p. 950.

¹⁴ DHSS, *Better Services for the Mentally Handicapped* (London, July 1971), p. 29.

¹⁵ *The Times*, December 8 1971, 'Home treatment for mental patients to replace hospital'.

Cross party support provided evidence of the increased expectations of the general public for the provision of social welfare, together with the specific interests of particular Members of Parliament arising from their previous work, personal experiences, or constituency interests. For example, Alf Morris' father became disabled during the First World War and David Ennals who became Secretary of State for Social Services in 1976, was campaign director for MIND from 1970 to 1973.¹⁶ In broader terms cross party support for the extension of social welfare provision was a reflection of the 'post war consensus', which was described by Nicholas Deakin as a '[c]oincidence rather than a conjunction of views...'.¹⁷

A more comprehensive method of identifying people's needs was proposed through the use of various kinds of survey. In response to the government's expectation that local authorities would carry out local surveys of the needs of older people, Manchester County Borough surveyed their needs and the type of provision which would be required. The survey suggested that all cases approximated to sixteen different types and calculated the provision which was required on the basis of the recommendations of the social workers involved with the cases.¹⁸ A formal instrument to achieve the government's aim of a comprehensive service which would complement the work of the new Area Health Authorities was the introduction of Ten Year Plans which required local authorities to carry out a survey of the social needs of their area.¹⁹ It was expected that as a result of the information acquired, SSDs would be able to consider the needs of whole groups of people, which could provide a better understanding of the needs of an individual. Three papers by the BASW gave advice to its membership about the contribution it could make to local surveys of social need, suggesting that the advice would be particularly helpful to members who were politically active. The Association linked that work with its own aims, which stated that one of its purposes was to address wider social needs, although it recognised that most active members of the Association

¹⁶ The National Association for Mental Health changed its name to MIND in 1972.

¹⁷ N. Deakin, *The Politics of Welfare: Continuities and Change* (Hemel Hempstead, 1994), p. 54.

¹⁸ Local Government Operational Research Unit, *Manchester's Old People* (January, 1972), pp. 42-43.

¹⁹ DHSS, Circular 35/72, 'Local Authority Social Services: 10 Year Development Plans 1973-1983', p. 1. TNA MH 154/658 24a.

considered individual work with clients to be a priority.²⁰ The increasing importance which was attached to wider surveys of need as a contribution to planning and to an assessment of the individual needs of clients, was evidenced for example, by the National Institute for Social Work's publication of guidance which included a discussion of the concept of 'need'.²¹

In placing a duty on local authorities to provide a social work service to all hospitals the National Health Service Reorganisation Act 1973 provided for a further expansion of the assessment role of social workers in hospitals. Out of 300 Hospital Management Committees, 93 did not have a full time qualified social worker.²² A comprehensive system of care provided by health, social work and other community services was the aim of a report which made recommendations about the way in which local authorities could provide social work support to the health service. In outlining the particular contribution which hospital social workers made to the work of the clinical team, it pointed to their regular involvement in making an assessment of the social factors which were relevant to a diagnosis.²³ Similarly it was suggested that in continuing with experiments of the attachment of social workers to general practices, a joint medical and social assessment of the complexity of a family situation could contribute to a diagnosis.²⁴

Provision for social workers to further extend their assessment function to comply with the powers and duties of legislation was made possible by a significant increase in expenditure on the personal social services between 1968/69 and 1974/5 of an average of 10 per cent each year in real terms. Following the establishment of SSDs

²⁰ British Association of Social Workers (hereafter BASW), Minutes of the Parliamentary, Public Relations and Social Policy Committee 25 March 1974 p. 2. MRC MSS.378 2/210.

²¹ National Institute for Social Work, *A Guide to the Assessment of Community Needs and Resources* (London, 1975), pp. 10-14. The National Institute for Social Work Training changed its name to the National Institute for Social Work in 1971.

²² BASW, J. Baraclough, 'Working Party on the Future of Social Work in the Health Service 16.6.92', p. 1. MRC MSS.378 BASW/2/223.

²³ DHSS, *Report of the Working Party on Social Work Support for the Health Service* (London, June 1974), p. 20. (Otton Report).

²⁴ *Ibid.*, p. 28.

in 197 the increase was 14 per cent.²⁵ Increased spending was focussed on the expansion of services to which social workers were able to refer clients for various forms of support. The number of social workers in post in all England and Wales local authorities, including senior social workers, trainees and welfare assistants rose from 13,390 in 1971 to 20,499 in 1974; the latter figure included staff transferred from hospitals to local authorities.²⁶

The expansion of services by the Conservative government between 1970 and 1974 was orientated towards developments in the community rather than to institutions and met the expectations which had been identified by the previous Labour government. In a speech to the National Association for Mental Health prior to the defeat of the Labour government in 1970 Lady Serota, Minister of State for Health, stated that it was a specific role for social work within the planned SSDs, to ensure that there was a significant change from the use of institutional care to community care.²⁷ Some success was achieved during the early 1970s. For example, between 1969 and 1974 there was a reduction of hospital places for people with learning disabilities from 60,000 to 55,000 and an increase in the number of places in local authority, voluntary and private homes for adults from 4,200 to 7,800. To support the placements in the community there was an increase in places provided at adult training centres in local authorities from 23,000 to 32,000.²⁸

The explicit references which were made to the assessment function of local authority social workers in legislation, government circulars, policy statements, and by politicians, established the immediate importance of the function in the newly established and expanding SSDs. Cross-party support for the changes which were made reinforced expectations of their permanence. Moreover, there were clearly expectations that the assessment function would be applied to the full range of work of SSDs. Emphasis was placed on a comprehensive service which addressed a wide

²⁵ DHSS, *Priorities for Health and Personal Social Services: A Consultative Document* (1976), p. 8.

²⁶ DHSS, *Manpower and Training for the Social Services* (London, 1976), p. 154. (Birch Report).

²⁷ B. Serota, Minister of State for Health, 'Speech to the National Association for Mental Health, 7th March 1970', p. 5. LSEA Serota 4/4.

²⁸ DHSS, *Priorities*, p. 51.

range of needs and which was extended to include groups of clients which qualified social workers had not previously worked with to any great extent, older people and people with physical disabilities; together with a reinforcement of work involving people with learning disabilities. In doing so a further significant stage in assessment as a unifying influence on the development of social work was introduced and confirmed by government policies.

The new emphasis in government policy of assessing social needs

The influence of policies on the development of community care and provision of support to families was clearly evident in proposals for a more prominent role for social workers in the assessment of the needs of children with learning disabilities and their families. They were reflected in part of a report which recommended that each local area should have a team based in the community, rather than in a hospital, comprising a child health doctor, an educational psychologist, and a social worker. It was suggested that other professionals would be involved as necessary and there would be provision for specialist assessment in hospitals.²⁹ Discussion at an Interdepartmental Working Group between the DHSS and Department for Education, with a view to a draft circular being published highlighted the need to develop assessments at different locations from hospital provision, particularly those which a child was familiar with and could be free from stress. It was also noted that initial hospital assessments focused on children under two years whereas social workers and teachers could identify children who developed difficulties later.³⁰ In view of the responsibilities which local authorities had towards children under the Chronically Sick and Disabled Persons Act 1970 the SSD appeared to be the logical choice for taking responsibility for liaison between disciplines.³¹

²⁹ DHSS, 'Note of a meeting held on 31st December 1970 to discuss the Report "Living with Handicap" of a Working Party set up by the National Bureau for Co-operation in Child Care to consider Children with Special Needs', pp. 1-2. TNA MH 154/454.

³⁰ DHSS, 'Interdepartmental Working Group on the Needs of Handicapped Children and Young People, Draft Circular from DHSS and DES on Assessment Services', pp. 4-5. TNA MH 150/381 D31A and D31B.

³¹ *Ibid.*, p. 8.

Evidence of the way in which the focus of discussion had changed from hospital to community based provision is found in the contrast between a report in 1968 which proposed that comprehensive assessment centres should be located in hospitals, where the emphasis was placed on the involvement of hospital staff and the local authority Medical Officer of Health, and the recommendations of the White Paper *Better Services for the Mentally Handicapped*.³² The White Paper drew attention to the importance of a comprehensive multi-disciplinary assessment taking place which would address medical, educational, psychological and social aspects of a child's disability as soon as a problem was detected or suspected.³³ A social worker was considered to be the most suitable person to act as co-ordinator of the work of a multi-disciplinary team and make a '...skilled evaluation of the real needs of the family, particularly of the mother'.³⁴ The approach contrasted with that found in the 1968 Report which confined its discussion about the involvement of parents to a short section which provided guidance to parents.³⁵

The increasing importance attached to the recognition of social needs and their assessment also developed in the sphere of juvenile justice. Following a welfare model, the provisions of the Children and Young Persons Act 1969 were planned to support the care of more children and young people within their own families rather than their placement in residential care or penal institutions. The role of assessment in local authorities was enhanced by an increase in the range of services provided for by the legislation and the extension of social workers' discretion. For example, on 1st January 1971 the introduction of a care order replaced fit person orders and approved school orders, giving social workers in local authorities the discretion to decide where to place a child or young person and limiting the decision making powers of magistrates.³⁶ Moreover, the new Conservative government expressed its support for the aim of not prosecuting children and young people for criminal behaviour where it was considered that such a course of action might interfere with

³² MoH, 'Comprehensive Assessment Centres for Handicapped Children', 28th June 1968, pp. 3-4. TNA MH 150/381.

³³ DHSS, *Better services for the mentally handicapped*, p. 29.

³⁴ *Ibid.*, p. 31.

³⁵ *Ibid.*, p. 3.

³⁶ Children and Young Persons Act 1969 s.1(3)(c).

preventive work being carried out by the local authority.³⁷ To support that approach it was expected that the consultation process between the police and SSDs which existed in a number of areas would be more widely introduced.³⁸ The introduction of intermediate treatment schemes was a further enhancement of provision in the community. In 1974 an Order was made under the Children and Young Persons Act 1969 transferring the responsibility for providing social enquiry reports to juvenile courts and supervision of children aged 12 and over, from the probation service to local authorities. Lancashire County Council estimated that the work of providing approximately 240 additional reports and supervising approximately 160 additional cases would require the appointment of ten additional social workers.³⁹ Nevertheless, as Nick Frost and Mike Stein pointed out, limitations to the cross-party support for legislation were applied. Significant sections of the Children and Young Persons Act 1969 were not implemented and as a consequence the justice model, in which sentencing reflected the nature of the offence rather than social circumstances of the young person, started to gain ascendancy.⁴⁰

The DHSS circular which implemented Section 45 of the Health Services and Public Health Act 1968 was explicit in confirming the respective responsibilities of health and social services staff in relation to social assessments. It clearly required GPs to refer older people with social needs to the local authority and stated that neither the doctor nor health visitor should be involved in identifying either the nature or extent of that need because their time was required for other work. Nevertheless, the Circular expected that there would be close co-operation between the services.⁴¹

The focus on social assessments contributed to changes in the work of some medical social workers who started to make more frequent visits to people's homes, familiarising themselves directly with the circumstances of families. Medical social

³⁷ ACO, *The community*, p. 16.

³⁸ *Ibid.*, pp. 16-17.

³⁹ LCC, SSD, 10th December 1974, Minutes, 'Children and Young Persons Act 1969, Social Inquiry Reports and Supervision Orders'. LA LCC/2/4/1.

⁴⁰ N. Frost and M. Stein, *The Politics of Child Welfare* (Hemel Hempstead, 1989), pp. 82-83.

⁴¹ DHSS, *Circular 19/71, 'Welfare of the Elderly*, p. 4.

workers reflected on the isolation of their role in hospitals and encouraged their colleagues to develop more effective co-operation with local authority social workers who they recognised might be better placed to arrange community services.⁴² For example, the medical social worker who was based at Rossendale Hospital started to record considerably more visits to older patients' homes for the thirteen week period ending 24th June 1972. She recorded fifty visits which took place together with the consultant geriatrician and a district nursing sister for the purpose of assessing the need for admission to hospital of patients who had been referred by their own GP and reported that a large number of admissions had been prevented by making alternative arrangements.⁴³

The Labour government which was elected in 1974 reaffirmed the importance which it attached to the strengthening of family life. Announcing the introduction of new financial benefits and addressing concern about 'the permissive society', Barbara Castle, Secretary of State for Social Services, suggested that state support for families would make them more self-reliant.⁴⁴ She followed the speech up with another to Directors of Social Services, in which she referred to the importance of the work which social workers carried out with the families of people who experienced specific problems, as a fundamental principle which had led to the establishing of SSDs.⁴⁵ Nevertheless, she acknowledged the problem of unmet need which the Seebohm Report had identified and the rising demand which had taken place following the establishment of SSDs.⁴⁶

The increasing number of referrals and wider range of situations for which social workers were expected to carry out social assessments enhanced both the role of social workers and the significance of social assessments within the newly

⁴² For example, N. Copleston, 'Scarcity – Limitation or Challenge?', *Medical Social Work*, 22 (1970), p. 358; Bate, *The basic task*, p. 355.

⁴³ Rossendale Hospital Social Work Department, 'Report for the thirteen weeks ended 24th June 1972'. LA HRRG Acc 9688.

⁴⁴ DHSS, 'Family Life in Modern Society: Mrs Castle outlines the Government's Philosophy, 25 October 1974'. LSEA Abel-Smith 7/7.

⁴⁵ Rt. Hon. Barbara Castle, 'Speech to the Association of Directors of Social Services', p. 4, 6 November 1974. LSEA Abel Smith 7/7.

⁴⁶ *Ibid.*, p. 8.

established SSDs. At the same time the difficulty of sustaining social casework, which was the type of work which many qualified social workers preferred and which it was widely thought that social workers should aspire to, came into sharper focus at a number of different levels. In the situation which was evolving in the newly established SSDs, including significant organisational, staffing and legislative changes, short term work assumed a higher profile.

In reviewing the place of social casework Goldberg went as far as suggesting that by the end of the 1960s the history of social work had already become distorted because of the erroneous belief that qualified social workers were ‘...immersed in long-term intensive casework dealing with their clients’ intra-psychic and unconscious conflicts...’.⁴⁷ Goldberg further pointed to the way in which research had questioned the effectiveness of long term social casework.⁴⁸ More recently, the extent to which social casework was applied in practice has been questioned by authors. Steve Rogowski referred to the ‘semblance of theoretical coherence’ which psychoanalysis provided.⁴⁹ John Pierson acknowledged that although psychosocial casework provided the principal orientation of social work it formed a relatively small part of the work of social workers.⁵⁰ Referring to the changes which took place in social work from the mid-1970s onwards Parton suggested that although social casework had provided a unifying influence ‘...it did not dominate the thinking and practices of practitioners in a coherent and consistent manner’.⁵¹

Nevertheless, the extent to which the theoretical development of social casework has influenced interpretations of the history of social work is seen in the adherence of Pierson, Rogowski and Parton to an interpretation of social work reaching a peak in its development at various points during the 1970s, from which it is suggested it experienced decline. Referring to the period from the Second World War to 1971

⁴⁷ E. M. Goldberg, *Helping the Aged: A Field Experiment in Social Work* (London, 1970), p. 23.

⁴⁸ *Ibid.*, p. 28.

⁴⁹ S. Rogowski, *Social Work: The Rise and Fall of a Profession?* (Bristol, 2010), p. 114.

⁵⁰ Pierson, *Understanding social work*, p. 113.

⁵¹ N. Parton, ‘Social Theory, Social Change and Social Work; An Introduction’, in N. Parton, ed., *Social Theory, Social Change and Social Work* (London, 1996), p. 9.

Pierson argued that together with the unification of social work occupations and the establishing of SSDs the development of social casework as a generic method of working, contributed to the ‘...dominance of casework as a social work method...’ and ‘Social Work at High Tide’.⁵² Rogowski placed the decline of social work somewhat later, aligning its ‘fall’ with the election of a Conservative government in 1979 and referring to the 1970s variously as the zenith⁵³, the peak⁵⁴ and the high watermark of social work.⁵⁵ He attributed the descriptions to developments in casework and training in social work, the introduction of legislation which expanded the work of social workers and the introduction of SSDs.⁵⁶ Parton argued that in the mid-1970s a range of influences brought into question the basis on which social work had previously been constructed, in which social casework had played a significant part.⁵⁷

The extension of social workers’ roles and tasks during the early 1970s was met with varying degrees of satisfaction. Barbara Castle, Secretary of State for Social Services, expressed approval that the changes in organisation of services had resulted in people identifying some of their difficulties as social rather than health problems.⁵⁸ The BASW responded to the White Paper *Better Services for the Mentally Handicapped* by suggesting that most services for the client group should be transferred to the SSDs.⁵⁹ Confidence was expressed in the proposal by a regional organiser of the National Society for Mentally Handicapped Children who suggested that it would result in a more suitable residential care regime for adults with learning disabilities.⁶⁰ The differentiation of social needs from medical needs continued to be advocated by Townsend who was emphatic in emphasising the importance of focussing on the social rather than medical needs of people with mental health problems, as a means of developing more progressive services. He

⁵² Pierson, *Understanding social work*, chapter 7.

⁵³ S. Rogowski, *Social work*, p. 41.

⁵⁴ *Ibid.*, p. 109.

⁵⁵ *Ibid.*, p. 45.

⁵⁶ *Ibid.*, pp. 45-48.

⁵⁷ Parton, *Social theory*, pp. 9-10.

⁵⁸ Castle, *Speech to the Association*, p. 8.

⁵⁹ BASW, *Better Services for the Mentally Handicapped* (Birmingham, n.d.), p. 7.

⁶⁰ S. G. Gittins, *Memorandum on the residential care of the mentally handicapped in the community* (November, 1975), p. 2.

argued that people in the community with a mental health problems or learning disabilities principally needed social, educational, occupational and emotional support.⁶¹

However, there were expressions of dissatisfaction by some social workers and from the medical profession. Within social work itself the concern was expressed that the status of long term social casework had been eroded as the method of work which would unify the social work profession.⁶² The concern of the medical profession centred on the loss of administrative control of social workers by Medical Officers of Health and the way that generic caseloads had resulted in a loss of expertise, particularly that of mental welfare officers. In 1972 *The Times* reported Dr Robert Greenberg's claim that the way social workers worked with patients with mental health problems in the community would result in Britain's worst disaster since the cholera epidemic in the nineteenth century. He was speaking to reporters after a debate at the annual conference of the British Medical Association which had accepted his amendment that all mental health services should be co-ordinated under medical supervision.⁶³ However, Dr Greenberg's view was not supported by a number of his own colleagues in the London Borough of Barnet. In a reply to *The Times*, they argued that they found the work of social workers invaluable, in particular an emergency psychiatric service which had been established to provide a comprehensive assessment within twenty four hours and which often made it unnecessary for a person to be admitted to a mental hospital.⁶⁴ Nevertheless, the correspondence drew a further letter to *The Times* from a group of specialist physicians in geriatric medicine who pointed out that the generic caseloads of social workers also meant that work with older people was a lesser priority. They called for some social workers to be specially trained and to work under medical guidance as part of a therapeutic team.⁶⁵ Concern was also expressed by the British Medical Association about the emergence of the generic role of social workers and what

⁶¹ P. Townsend, 'Needs and Leadership Strategies in the Planning of the Mental Health Services 20th February 1969', p. 16. LSEA Abel-Smith 8/17/3.

⁶² For example, Pierson, *Understanding social work*, p. 115.

⁶³ *The Times*, July 20 1972, 'BMA backs plea to coordinate mental health services under supervision of doctors'.

⁶⁴ *The Times*, July 31 1972, Letter 'Care of mentally ill'.

⁶⁵ *The Times*, August 12 1972, Letter 'Social workers and care of the old'.

appeared to be a lack of training in the community dimension of their work. The Association invited its local committees to provide it with evidence of dissatisfaction regarding the implementation of the Mental Health Act 1959 specifically, and of the work of social workers more generally.⁶⁶ Indeed, the British Medical Association subsequently went as far as calling for a review of the way in which the Local Authority Social Services Act 1970 was working.⁶⁷

Magistrates were another group which expressed dissatisfaction, with the introduction of policy which had extended the discretion of social workers to make decisions about where children and young people should be cared for. For example, representations were made by magistrates to the DHSS about the practice of returning children and young people to their families even though a court had made a care order.⁶⁸ The Social Work Service concluded, however, that SSDs generally only made those decisions following a change in circumstances, after making a further assessment, or where a residential place was not available.⁶⁹

Reflecting the earlier observation of the Under Secretary of State for the Home Office, the first comprehensive guidance available to Directors of SSDs asserted that the assessment of need was the 'driving force' of the activity of the new Departments.⁷⁰ In their guidelines for the organisation of the new SSDs Maurice Kogan and James Terry provided a sample job description to cover the work of all social workers which suggested that the first task was to decide how a client could be involved in the investigation and assessment of problems.⁷¹ In the context of an organisational review to establish SSDs, the increasing expectations on social

⁶⁶ British Medical Association, Letter to Secretaries of Local Medical Committees, 3 July 1973. MRC MSS.378 BASW/2/209.

⁶⁷ BASW, *Annual Review 1974/5* (Birmingham, 1975), p. 12.

⁶⁸ DHSS, 'Children and Young Persons Act 1969, Memorandum on a Survey by the Social Work Service 26th July 1972', p. 11. TNA BN 26/71.

⁶⁹ *Ibid.*, p. 12. The Social Work Service of the DHSS was formed in 1971 with the purpose of providing advice to SSDs about the way in which government policy for the personal social services could be implemented. It worked through regional offices and carried out surveys.

⁷⁰ R. Foren and M. Brown, *Planning for Service* (London, 1971), p. 4.

⁷¹ M. Kogan and J. Terry, *The Organisation of a Social Services Department: A Blue-Print* (London, 1971), p. 57.

workers to carry out assessments of people's needs brought about a closer examination of their knowledge and skills to carry out their role.

Formalising an assessment role for social workers

Although the development of a formal assessment role for the staff of SSDs was indicated in the legislation and government policy, the literature of the early 1970s recognised that the assessment skills of most parts of the workforce were very limited, confirming observations made in the 1960s about the lack of criteria for making assessments. Reflecting the prominence of short term work Robert Foren and Malcolm Brown took the view that most social workers acted to provide 'first-aid' in response to a problem rather than acquire information about the circumstances of a situation, which itself would lead to an understanding of someone's needs.⁷² Anthea Hey and Ralph Rowbotham found that many social workers referred to the lack of direction provided by supervisors and that some commented on the lack of '...guidance in clarifying clients' needs and identifying ways of meeting them'.⁷³ Anthony Hall's survey of intake work in four areas of a London Borough Children's Department painted a graphic picture of receptionists being actively involved in making decisions about priorities which he considered should be the work of child care officers.⁷⁴ He argued that a more systematic approach should be used in the work of responding to referrals, with qualified social workers more involved and suggested that intake teams comprising social workers in the new SSDs were rapidly finding favour.⁷⁵ Pointing to the apparent continuation of the practice of Children's Departments, Younghusband asserted that the practice of receptionists carrying out the first interview was common in the early years of SSDs.⁷⁶ In their study of area teams in Southampton June Neil and others concluded that the intake and allocation procedures were based on '...unclear goals for social

⁷² *Ibid.*, p. 2.

⁷³ A. Hey and R. Rowbottom 'Task and Supervision in Area Social Work', *British Journal of Social Work*, 4 (1971), p. 445.

⁷⁴ A. Hall, *The Point of Entry: A Study of Client Reception in the Social Services* (London, 1974), p. 138.

⁷⁵ *Ibid.*, pp. 136-38.

⁷⁶ Younghusband, *Social work* vol. 1, p. 245.

work intervention and lack of criteria for assessment'.⁷⁷ Barbara Rodgers and June Stevenson found that medical social workers were critical of the limited approach of welfare officers, with too much emphasis on maintaining a register, routine visiting, and that there was no careful diagnosis of the requirements of individual cases.⁷⁸ The authors also asserted that assessment should be more thorough than it had been during the 1960s and that social workers should become involved at an earlier stage in preventive work.⁷⁹ The research of the period was therefore consistent in highlighting the limited assessment criteria available for both qualified and unqualified social workers, indicating that there was considerable scope for improving the assessment knowledge and skills of social workers.

The recognition that there should be a more formal approach to the assessment work of social workers in SSDs was influenced in part by the significant increase in referrals following the establishment of SSDs in 1971. However, the widely different levels of skill, types of knowledge and perceived priorities of the workforce resulted in a considerable degree of uncertainty in the new SSDs about the most suitable structure. Some local authority departments had developed duty and intake systems in the 1960s to respond to the increase in work arising from new legislation. Hall found that informal systems for controlling the amount of work had developed and argued that the rationing function of the intake process should be made explicit.⁸⁰ Wandsworth Children's Department operated an intake team which was known as the 'Applications Sector'.⁸¹ In the hospital setting Nora Copleston, a medical social worker, addressed the significance which she attached to an intake system for all referrals in providing clarity about the circumstances of a case, including whether a local authority social worker was involved, and the action which should follow.⁸²

⁷⁷ J. Neill, D. Fruin, E. M. Goldberg and R. W. Warburton, 'Reactions to Integration', *Social Work Today*, 4 (1973), p. 460.

⁷⁸ B. N. Rodgers and J., Stevenson, *A New Portrait of Social Work* (London, 1973), p. 233.

⁷⁹ *Ibid.*, p. 174 and p. 151.

⁸⁰ Hall, *The point*, p. 19.

⁸¹ Rowbottom, and others, *Social services departments*, p. 176.

⁸² Copleston, *Scarcity*, p. 361.

The varied arrangements made in the newly established SSDs evidence the wide range of systems which were introduced. There were differences not just between SSDs but between different areas of the same Department.⁸³ Two principal forms of structure were implemented; the creation of an intake team which worked in conjunction with one or more long term teams or a system of duty which was shared between workers in all teams, although both models had variations within them. For example, research by Matilda Goldberg and William Warburton which started in 1972 examined the work of two area teams in a southern town in England; the work involved 20 social workers who each undertook duty for referrals. By 1974 an intake team and two long term teams had been established in one of the areas, with short term work being held for approximately three months and which resulted in 81% of new cases being closed within three months.⁸⁴ Elizabeth Corrie found that 16 London Boroughs had intake teams in 1973-74 and that they were staffed on average by 37.5% of the total number of social workers.⁸⁵ Lowenstein's research confirmed that areas in an Inner London Borough had previously used a duty rota system but that social workers generally disliked the work.⁸⁶ She found that after an intake team was established there was increased satisfaction in the organisation of the work of the area group as a whole. Moreover, although the two professionally trained social workers in the team initially thought it necessary to hold a small caseload of long term cases to maintain job satisfaction, they came to prefer short term work.⁸⁷

The argument which had been forwarded during the 1960s, that a qualified and experienced social worker should be responsible for making an assessment of complex cases, continued to be made about the staffing of intake teams. Haines postulated that high levels of knowledge and skill were required for work in intake

⁸³ Rowbottom, and others, *Social Services*, p. 185; P. Parsloe, *Social Services Area Teams* (London, 1981), p. 55.

⁸⁴ E. M. Goldberg and R. W. Warburton, *Ends and Means in Social Work: the Development of a Case Review System for Social Workers* (London, 1979), pp. 60-61.

⁸⁵ E. Corrie, 'Intake: Friend or Foe?', *Social Work Today*, 6 (1974), pp. 713-15.

⁸⁶ C. Lowenstein, 'An Intake Team in action in a Social Services Department', *British Journal of Social Work*, 2 (1974), pp. 117-18.

⁸⁷ *Ibid.*, p. 134-35.

teams and to carry out initial assessments.⁸⁸ He noted that in principle a case may be subsequently transferred to a relatively inexperienced worker in a long term team.⁸⁹ Lancashire County Council preferred to employ qualified social workers in its intake teams and duty systems, where they were available. The Council was particularly concerned that the intake teams which were transferred to it from Preston County Borough in 1974, at the time of local government reorganisation, engaged social workers who were not qualified and pointed to the difficulties which a wrong diagnosis could make for later work.⁹⁰

The introduction of more formal systems, structures and practices for assessment by social workers in newly established single SSDs, which started to become more common in both short and long term work and to all client groups, was enhanced by a range of other decisions which were also a unifying influence on the development of social work as a whole. In 1970 the previously separate occupational groups of social workers formed the British Association of Social Workers.⁹¹ The Central Council for Education and Training in Social Work introduced a single qualification for social workers in 1972, the Certificate of Qualification in Social Work.⁹² On 28 March 1973 the Secretary of State for Social Services announced in Parliament that the employment of social workers in hospitals would transfer to local authorities from 1 April 1974.⁹³ Of particular significance, varying forms of generic caseloads were introduced, as a result of which most social workers became responsible for cases from different client groups and social workers were able to identify the common as well as the different dimensions of assessment in work with each client group.

⁸⁸ J. Haines, *Skills and Methods in Social Work* (London, 1975), p. 192.

⁸⁹ *Ibid.*, p. 208.

⁹⁰ LCC, Social Services Committee (hereafter SSC), 10th December 1974, Minutes, 'Preston District-Issues raised by the Department of Health and Social Security', p. 3. LA LCC 2/4/1.

⁹¹ K. Bilton, *Social Work History Network Bulletin No. 5*, 15.1.03, p. 1.

⁹² The Central Council for the Education and Training of Social Workers was established in 1971, replacing the previous range of government and representative bodies of occupational groups of social workers which had responsibility for training social workers. It started to award a single social work qualification, the Certificate of Qualification in Social Work for courses which were mostly two years in length.

⁹³ LCC, SSC, 2nd July 1974, Minutes, 'Social Work Support for the Health Service'. LA LCC 2/17/1.

A further important step towards the assessment function of social workers becoming more widely understood as a similar function across work with all cases, took place when the DHSS became responsible for the full range of social welfare provision by SSDs; the Home Office transferred its responsibility for children's services to the DHSS on 1st January 1971.⁹⁴ The change made it possible for a common approach to the use of terminology. The Ministry of Health and the DHSS had referred to the function of assessment more widely in its circulars and publications but the Home Office had preferred to continue reserving the use of the term assessment primarily to the work of reception centres and classifying schools. Anticipating that the Children and Young Persons Act 1969 would legislate for an expansion of residential assessment, the Home Office engaged in a consultation process to decide how residential assessment in reception homes in the children's homes system and classifying schools in the approved school system could be brought together. An early draft of a Development Group's report acknowledged that the different locations from which assessment was carried out were isolated from each other and suggested that until recently the assessment task in children's services had been carried out entirely in residential care.⁹⁵ However, responses from Children's Departments and some of its own regional inspectors pointed to the assessment work carried out by child care officers when children were at home.⁹⁶

Nevertheless, reservations were expressed about the ability of field work staff to make a comprehensive assessment. The Heads of Classifying Schools clearly took the view that home based assessment was not an option for the particularly difficult children and young people who they were used to looking after.⁹⁷ They considered that an integrated residential assessment was necessary because of the frequent absence of information from Children's Departments about a child and its family.⁹⁸ The Superintending Inspector of the London Region (North) took the view that

⁹⁴ J. Cooper, *The Creation of the British Personal Social Services 1962-74* (London, 1983), p. 113.

⁹⁵ HO, 'Community Homes Project: Assessment WP7', pp. 2-3. TNA BN/2142.

⁹⁶ For example, F. W. Clay and J. H. Woolley, 'Hillingdon Borough, Community Homes Project: Assessment, 10th June 1969', pp. 1-3. TNA BN/2142.

⁹⁷ HO, 'Community Homes Project: Assessment, Notes for the Meeting of Classifying School Principals with the Home Office Development Group on 1st August 1969', 23rd July 1969, p. 5. TNA BN/2142.

⁹⁸ *Ibid.*, p. 6.

although Children's Departments carried out a 'degree of assessment' it varied in quality from one local authority to another. However, the shortcomings of residential diagnosis and assessment were also acknowledged, with the shortage of quality staff and specialist staff the principal concern.⁹⁹ A report by the Deputy Chief Inspector suggested that in the future more assessment would be carried out by fieldworkers without the use of residential care.¹⁰⁰ He also pointed to the notes of some Regions which had proposed the development of what he referred to as 'observation in the open' which would involve day observation centres or the establishing of mixed discipline teams including social workers, psychiatrist, and psychologists. Where they could be based with, for example, family advice centres they could have more of a family focus.¹⁰¹ The meeting at which the report was discussed noted the preference of some local authorities to allocate children to residential provision based on the reports of their field work staff '...who are assumed to be fully cognisant with the details of all cases'.¹⁰² However, the meeting took the view that residential assessment should take place for most children who were likely to be in long term care.¹⁰³

The issue of adopting similar terminology which social workers would have in common was discussed in the social work literature of the 1970s, which increasingly advocated the use of the term assessment rather than diagnosis. For example, Butrym suggested that the continued use of medical terminology made it more difficult to establish a clear identity for social work.¹⁰⁴ In fact assessment was a term also used within medicine and was also associated in social work with an assessment of charges for services; in the case of Children's Departments for parental contributions and in the case of Almoners' Departments prior to 1948 for contributions towards medical treatment. Haines similarly argued that the term diagnosis was not appropriate to use in the context of social work; he preferred the

⁹⁹ G. Whittaker, 'Observation, Diagnosis and Assessment in the Future', p. 1. TNA BN/2142.

¹⁰⁰ G. Revell, 'Observation, Diagnosis and Assessment', p. 3, 27th May, 1968. TNA BN/2142.

¹⁰¹ *Ibid.*, p. 5.

¹⁰² HO, 'Observation, Diagnosis and Assessment: The Future, notes of a meeting held on Wednesday 29th May 1968', p. 2. TNA BN/2142.

¹⁰³ *Ibid.*, p. 2.

¹⁰⁴ Z. Butrym, *The Nature of Social Work* (Basingstoke, 1976), p. 82.

term assessment.¹⁰⁵ In Lowenstein's and Haines's work the term assessment was used throughout, applying the term to the broad process which had previously included the tasks of making enquiries, carrying out an investigation, of the study of a situation, and making a diagnosis. Nevertheless, the term investigation was widely retained for the work which involved making enquiries about reports of child cruelty and neglect.

A critical analysis of the stage of development which social work had reached in the early 1970s

Historical analysis of the assessment function of social workers in local authorities has established the relatively limited scope of its development. The interpretation of social work having reached a peak in its development during the early 1970s from which it subsequently experienced decline is therefore one which requires closer examination.

In the introduction to an edited text about the history of social work, John Clarke referred to '...social work's 'fall from grace' during the 1970s and 1980s...'.¹⁰⁶ In the same text Mary Langan suggested that '[s]carcely had the unifying dynamic of the 1960s ushered in the generic social worker and the social services department, than the forces of fragmentation were unleashed by the combination of economic recession and political retrenchment in the 1970s'. She concluded that '[i]n retrospect, Seebohm marked the high tide of social work'.¹⁰⁷ Similarly, Payne argued that 'British social work reached its zenith with the implementation of ...the Local Authority Personal Social Services Act 1970...' and that '[a]s soon as social work in Britain achieved being at the centre of a local government department with a

¹⁰⁵ Haines, *Skills and methods*, p. 37.

¹⁰⁶ J. Clarke, 'Introduction', in J. Clarke, ed., *A Crisis in Care? Challenges to Social Work* (London, 1993), p. 2.

¹⁰⁷ M. Langan, 'The Rise and Fall of Social Work', in J. Clarke, ed., *A Crisis in Care? Challenges to Social Work* (London, 1993), p. 48.

more coordinated professional image, its position began to deteriorate'.¹⁰⁸ Payne referred to the post war legislative provision for the development of social work in local government, developments in social work training and the move towards a single department and profession as developments which supported his interpretation.¹⁰⁹ Referring to the successful development of psychodynamic casework in the context of the legitimacy afforded to social work by legislation, Stephen Webb suggested that the '...late 1950s to mid-1960s were the high point of the professional standing of social work in Britain'.¹¹⁰

Although Parton, Pierson and Rogowski suggested that social casework was not representative of the work actually done by social workers they nevertheless supported the interpretation of social work reaching a peak in its development at various points during the 1970s.¹¹¹ However, the actual stage of development of a range of other aspects of the historical development of social work does not appear to have influenced their interpretation of social work either. As well as assessment there were; limitations in the extent to which the post war legislation was adequately resourced and implemented by social workers; significant gaps in the provision of personal social services; different stages of development in work with each client group; and different ways in which social casework as a method was interpreted during the 1960s. Moreover, the proposed role of social workers in a single social services department had not been adequately analysed. The subsequent difficulty which social workers and the BASW experienced in achieving a significant voice and enhancement of social work as a profession in the newly created SSDs tempered the success of the active campaign to introduce SSDs. Indeed, drawing on Charles Derber's review of professionalisation it is important to note that even the professionally qualified social workers were employed in bureaucracies and therefore subject to controls which some researchers in the 1970s referred to as a

¹⁰⁸ Payne, *Origins*, p. 85 and pp. 93-94.

¹⁰⁹ *Ibid.*, pp. 55-64.

¹¹⁰ S. A. Webb, *Social Work in a Risk Society* (Basingstoke, 2006), p. 114.

¹¹¹ See notes 48-55.

process of deprofessionalisation.¹¹² Moreover, their qualifying courses were of relatively short duration.

The interpretation that social work was at its peak in the early 1970s appears to reflect the perception which social work had of its own development at the time. The early 1970s were the high point at which social work considered it could contribute significantly to the agenda of how social problems should be addressed. Optimism and aspiration about its future was based on: the identification of social work with the prevailing welfare orthodoxy of the period; the close association of social work with the study of social administration, including the values on which it was based; the work of occupational groups of social workers towards forming a single profession; the identification of social casework as a method of work which could unify a single profession; and the range of legislation which led to an expansion of social workers and creation of SSDs in 1971. The achievement of social work in the 1950s and 1960s was therefore characterised by an emphasis on planning towards a vision based on high standards of social work practice which had been achieved in part rather than in general. Andrew Sackville advised caution in representing the 1950s and 1960s as a period during which social work advanced smoothly towards achieving its goals in the early 1970s. He pointed out that it was still fragmented, '[w]hole areas...remained underdeveloped – particularly work with elderly and disabled people...' and there were no trained social workers in many parts of the country.¹¹³ Moreover, he concluded that the influence which professional associations and the Standing Conference had on political developments in the late 1960s was short lived.¹¹⁴ As well as drawing attention to limitations in the development of social work Sackville suggested that the influence which professional associations exercised on social policy during the 1960s in particular waned during the 1970s because of the increased involvement of, for example, central and local government in determining the roles and tasks of social workers.¹¹⁵

¹¹² C. Derber, 'Managing Professionals', *Theory and Society*, 12 (1983), pp. 334-36.

¹¹³ Sackville, *The role and influence*, p. 208.

¹¹⁴ *Ibid.*, pp. 500-1.

¹¹⁵ *Ibid.*, p. 503.

Drawing on Sackville's historical analysis rather than the broader histories of, for example Payne and Pierson, it can be concluded that the early 1970s represented the peak of a period during which occupational groups of social workers felt most in control of defining how the future of the profession should be shaped. Indeed the shortage of social workers during the 1960s had placed a premium on their availability which limited the importance given to clarifying their roles and tasks. It can be argued that up to the middle of the 1970s the expansion of social work was consistent with the wider agreement within society about the desirability of improvements in the provision of social welfare. However, although Sackville and others are correct in drawing attention to the increased influence of central and local government in determining the roles and tasks of social workers in the 1970s it is important to locate the initial acceleration of that process during the early 1960s rather than 1970s. It was the legislation which was passed between 1958 and 1963 together with the requirement of local authorities to formulate plans for the development of their social welfare work which started to orientate the work of social workers in local authorities, in particular with children, people with mental health problems and people with learning disabilities, towards expanding the provision of community care.

To the extent that the progress of social work had reflected the broader optimistic culture of the 1960s, it is not surprising that social work succumbed to a different interpretation of its 'condition' during the 1970s, a decade of significant economic problems and social unrest. One of the difficulties which social work experienced in the 1970s was the ending of its close association in the 1960s with the study of social administration because of changes in the latter's academic orientation. Brown argued that from the end of the 1960s the study of social policy became more concerned with broader issues of how social policy was formed and took a more critical rather than overtly political stance.¹¹⁶ Pinker suggested that although Titmuss' broader concern with equality was still influential, the concerns of feminists with inequalities of sex and gender and '...inequalities of race, age,

¹¹⁶ Brown, *The development of social administration*, p. 97.

disability and even sexual preference...’ had broadened the terms of the debate.¹¹⁷ Mishra concluded that because of the idealistic and reformist approach of the social administration tradition and its lack of conceptual and theoretical development, it was not sustainable in its earlier form when political and economic problems occurred during the 1970s.¹¹⁸ Although the break with welfare orthodoxy in the mid-1970s and the declining influence of psychology and psychoanalysis is well documented in the social work literature, the impact of social work’s association with the study of social administration during the 1960s and its subsequent loss in the early 1970s is less well developed.

The political, social and economic changes which took place during the 1970s meant that social work was cut loose from many of its earlier significant alignments and entered a period in which the roles and tasks which it was expected to carry out were defined even more tightly by the social policy priorities of governments. Although social work encountered a range of problems during its development in the 1970s it is argued that they arose more because of the limitations in the achievements and plans of the 1960s rather than because of social policies which brought about social work’s decline from a peak in the early 1970s. Indeed, government policy resulted in a more comprehensive provision of services and a significant expansion in the numbers of social workers.

The new prominence given to the investigation of child abuse by local authorities

One of the areas of social policy prioritised by central government was the investigation of child cruelty and neglect. The limited involvement of social workers in that work was one of the significant gaps in the work of Children’s Departments. The influence of governments in identifying priorities in social policy was clearly demonstrated in the reaction of both Conservative and Labour governments in 1974

¹¹⁷ Pinker, *Social policy*, pp. 69-70.

¹¹⁸ Mishra, *The academic tradition*, p. 81.

to the intense media reporting of the death of Maria Colwell. The subject of a supervision order exercised by East Sussex County Council, Maria Colwell was seven years old when she died from multiple injuries in January 1973, following which her step father was found guilty of her murder.¹¹⁹ The government's response to the social problem of child abuse and the perceived limited effectiveness of SSDs in dealing with it had a major impact on the work of SSDs from 1974 onwards. In the late 1960s local authorities had varying degrees of direct involvement in the investigation of cruelty and neglect, influenced in part by the level of activity of the NSPCC in each area. However, in 1973 Directors of Social Services noted that the NSPCC had almost completely withdrawn from some parts of the country, leaving their work to be carried out by the local authorities.¹²⁰

During the early 1970s doctors continued to play a leading role in the management of cases involving injury to children. A DHSS circular which asked Medical Officers of Health and Children's Officers to jointly review the approach of their areas to the issue of 'battered babies', referred to the value of the information to the Standing Medical Advisory Committee which was responsible for formulating further advice. However, the circular's limited reference was to 'young children'.¹²¹ A lead role in developing a response to non-accidental injury to children was taken by the Department of Child Health at the University of Newcastle Upon Tyne, the Foreword to its revised procedures in October 1973 reporting that it had established a Working party six years previously.¹²² A civil service summary of a survey by the British Paediatric Association and the British Association of Paediatric Surgeons covering the three years between 1971 and 1973 highlighted that paediatricians were responsible for convening a case conference in the majority of non-accidental injury cases. It was considered by 65% of respondents that local authorities were sufficiently aware of the problem with attendance of social workers at conferences said to be particularly high. A continuing reluctance by most paediatricians to

¹¹⁹ DHSS, *Report of the Committee of Inquiry into the Care and Supervision Provided to Maria Colwell* (London, 1974), p. 9.

¹²⁰ Association of Directors of Social Services and BASW, 'Note of a Meeting between representatives of the two associations, 26 September 1973', p. 2. MRC MSS.378 BASW/2/527.

¹²¹ DHSS, Circular CMO 2/70, 'Battered Babies', p. 1. TNA MH 156/41.

¹²² Working Party in the Department of Child Health, University of Newcastle Upon Tyne, 'Non-Accidental Injury in Children: A Guide to Management', October 1973. TNA MH 152/69.

inform the police was revealed, however when it was decided to do so the action was taken in approximately equal cases by the paediatrician and SSD.¹²³ Later in the decade, reflecting on the lack of awareness by Children's Departments of the problem of cruelty and neglect prior to 1970 and uncertainty whether to accept that the NSPCC had a valid role, John Rea Price, Director of Social Services for the Islington Borough of London suggested that the involvement of SSDs had followed from the '...clearer clinical identification on the subject'.¹²⁴

The difficulties which Children's Departments experienced in handling the negative reactions of the press and public can partly be explained by the limited responsibility which most had previously taken in dealing with child cruelty and neglect. Until the Committee of Inquiry into Maria Colwell's death started to take evidence in 1973, most SSDs continued the policy of preferring the NSPCC to deal with reports of serious cases of cruelty and neglect. Indeed, Maria Colwell's social worker pointed out that own notes read "...I stressed that it was definitely Mrs Kirby's territory if there was a suspicion of ill-treatment"; Mrs Kirby was the NSPCC social worker.¹²⁵ The investigation of cruelty and neglect in Lancashire County Council does not appear to have expanded during the late 1960s and into the 1970s. Background reports provided by the ten Area Children's Officers to the new Social Services Committee all reported an increase in general referrals but only contained two references to physical cruelty to children, one of which was a brief reference to a single case.¹²⁶ The other reference included a brief commentary that the number of cases of 'battered babies' who were known to the area staff were not high and that the families were described as very difficult to help.¹²⁷ Moreover, it appears that the investigation of cruelty and neglect was a low priority in training courses for social work students. A text written with the purpose of introducing students to the work of the earlier Children's Departments and highlighting issues which they would face

¹²³ DHSS, Memorandum from N L J Montagu 20.5.74 'Non -Accidental Injury'. TNA MH 162/165/7a.

¹²⁴ DHSS, Joint DHSS (Social Work Division) and Association of Directors of Social Services, Seminar 11, 'Professional Practice in Non-Accidental Injury, 27th April 1978, Paper by John Rea Price', p. 1. TNA BD 87/21.

¹²⁵ DHSS, *Report of the committee of inquiry*, p. 52.

¹²⁶ LCC, SSC, 16th September 1971, Appendix D, 'Report of Area Children's Officer, Nelson (Area 10). LA LCC SWM/1.

¹²⁷ LCC, SSC, 20th January 1971, Appendix A, 'Report of Area Children's Officer Standish (Area 4) pp. 1-2. LA LCC SWM/1.

in their work in SSDs contained only a brief reference to the problem.¹²⁸ Parton drew attention to the slow approach of social work in responding to the problem of child abuse, noting that in *Social Work Today*, a new professional journal, there were no articles written directly about the problem by social workers from its start in 1970 to January 1974.¹²⁹

Prior to the Colwell Inquiry the police had continued to express dissatisfaction with the approach of social workers to the investigation of child abuse. At the Eighth Annual Conference of Senior Policewomen Superintendent Bond from Sussex Police was particularly vociferous in questioning the stance taken by social workers at a series of meetings which had taken place in all areas of the County. The meetings had been called in response to Home Office Circular 32/70 'Battered Babies', in which all agencies were asked to discuss the introduction of local procedures. Superintendent Bond reported that the police had met with opposition to their involvement from many social workers, although that did not apply to the two Children's Officers in Sussex.¹³⁰ Concern was also expressed by senior policewomen at the conference the following year. Superintendent Hazelhurst from West Mercia suggested that social workers were more concerned about the way in which a police investigation could impact on their relationship with a family. Superintendent Leach from Lancashire expressed concern about the number of people who became involved in interviewing parents and that social workers tended to take explanations at face value.¹³¹ Speaking at a Study Group which was held in May 1973 to discuss issues arising from the problem of non-accidental injury Detective Superintendent J. Mounsey of the Lancashire Constabulary drew attention to the reluctance of both doctors and social workers to report cases other than other than those involving serious injury to the police, with most cases of injury and

¹²⁸ J. Stroud, ed., *Services for Children and their Families: Aspects of Child Care for Social Workers* (Oxford, 1973).

¹²⁹ Parton, *The politics*, p. 66.

¹³⁰ National Conference of Senior Policewomen, Minutes of the Eighth Annual Conference of Senior Policewomen held at Harrogate on 30th September and 1st October 1970 pp. 11-12. Manchester Police Museum, Policewomen Post 1950 Box B.

¹³¹ National Conference of Senior Policewomen, Minutes of the Ninth Annual Conference of Senior Policewomen held at Churchill College Cambridge on 29th/30th September 1971 pp. 6-7. Manchester Police Museum, Policewomen Post 1950 Box B.

neglect being reported by neighbours and close relatives.¹³² The concerns expressed by police officers highlighted the different and sometimes limited perspectives of occupational groups with regard to the particular focus of their own work, and concern that the involvement of another professional might disrupt their own work.

Following the Colwell Inquiry the government decided that SSDs should have a greater responsibility for co-ordinating the investigation of reports of non-accidental injury to children. The procedures which they were expected to follow were outlined in Local Authority Social Services Letter (74) 13 which stated that its purpose was ‘... protecting the child and rehabilitating the family’.¹³³ The memorandum recommended that inter-disciplinary area review committees should be established within each local authority and that a case conference should be called to handle each case of non-accidental injury which would consider ‘...a medico-social assessment of the family and its circumstances’.¹³⁴ Although a report by Lancashire County Council on the first (part) year’s work of the Area Review Committee suggested that it had not led to many findings of non-accidental injury to children for whom it had a statutory responsibility, cases involving voluntary supervision had risen considerably.¹³⁵ Local authorities were placed in a co-ordinating role and because of the wider political and media scrutiny, the investigation of child abuse became an immediate priority in the work of SSDs. Parton has drawn attention to the social reaction to the death of Maria Colwell, pointing to the way in which it ‘...reflected a more pervasive social anxiety about inadequate families and the role and activities of social workers’.¹³⁶

With the recognition of non-accidental injury as a major social problem which state agencies had a responsibility to deal with, the earlier preference of most Children’s Departments for the NSPCC to carry out investigations into child cruelty and neglect

¹³² J. Mounsey, ‘Offences of Criminal Violence, Cruelty and Neglect against Children in Lancashire’, in A. W. Franklin, ed., *Concerning Child Abuse* (Edinburgh, 1975), pp. 127-29.

¹³³ DHSS, LASSL (74) 13/CMO (74) 8, ‘Non-Accidental Injury to Children’, p. 1. TNA MH 152/70.

¹³⁴ *Ibid.*, pp. 3-4.

¹³⁵ LCC, SSC, 9th September 1975, Agenda, ‘1974-5, Annual Report of the Social Services Committee to the Policy and Resources Committee, September 1975’, p. 4. LA LCC 2/17/2.

¹³⁶ Parton, *The politics*, p. 69.

was not sustainable. In assuming a central place in the work of social workers in local authorities the assessment function extended its reach further to the investigation of allegations of non-accidental injury to children and the assessment of the social needs which arose from those investigations. Paradoxically the significant impact of the additional responsibility given to local authorities took place at a point during the mid-1970s when the extent of the involvement of the state in the provision of welfare was being questioned more widely. Moreover, the additional responsibilities followed the pattern of the introduction of community care in the late 1950s, a policy which was introduced by the government rather than widely advocated by professionally qualified social workers at the time.

Conclusion

The requirements of legislation and developments in policy to deliver a more comprehensive social welfare service by the new SSDs resulted in a significant increase in the number of referrals. The Departments responded by organising their administrative systems in a way which gave greater prominence to the function of assessment. In that process the needs of all groups of clients and of cases which were both short and long term were brought together within one system in each area of a local authority, developing a common and formal organisation of that work. The extension of the responsibilities of local authorities in relation to the investigation of non-accidental injury to children was a prominent example of the development of a more comprehensive service. The principle that emerged during the 1960s, that assessments should consider the wider social needs of clients was made more explicit in government policy which emphasised the importance of differentiating social assessment from the assessment of the health needs of children, young people and adults. There was some convergence in the wider use of the term assessment rather than investigation and diagnosis, with the use of a common language for assessment contributing to the development of social workers as a single occupational group and aspiring profession. However, most social workers continued to lack skills in assessment and the urgent need to develop specialist

criteria and guidance to support the development of professional skills of assessment was highlighted.

Rather than representing the 1950s and 1960s as a period leading to a 'high point' of social work in the early 1970s, it should perhaps be regarded as a period of transition after the position prior to the War. In the early 1950s the British Federation of Social Workers disbanded and some occupations no longer associated themselves with social work, for example occupational therapists. From a historical perspective a smaller number of occupational groups of social workers from different traditions started to explore the possibility of forming a single profession, although even during the 1960s significant reservations were expressed by many social workers.

From a policy perspective the transition period involved a change of emphasis from qualified social workers in particular working individually with children and adults who experienced a period of care away from their own home, to a form of work in which social workers as whole engaged with individual clients more directly in the context of their social environment. Increasing numbers of social workers worked from the setting of the local authority rather than in institutions, and child care officers became significantly more involved in preventive work with children, young people and their families. From the 1970s onwards social work entered a new stage of its development. It is preferable to regard it as an emerging profession which was based on work which addressed a significantly wider range of social problems than it had previously dealt with and for which its expansion in the community base of local authorities enabled it to directly engage with clients in the context of their social environment.

Chapter 6: The establishment of assessment as a priority activity, 1974-1979

The difficulties which social work experienced during the 1970s in its location within newly established SSDs were exacerbated by a range of external political, social and economic forces which brought an end to the 'post war consensus'. The economic crisis which started in 1973 with a significant increase in the price of oil resulted in a reduction in government expenditure and an escalating rate of inflation. Labour governments between 1974 and 1979 embarked on a process of identifying priorities in central and local government expenditure and made recommendations about the way in which savings could be made in the provision of the personal social services. Within those priorities the function of assessment emerged as one which was regarded as essential to the effectiveness of social policy for SSDs as a whole.

In the second half of the 1970s SSDs consolidated their structures and work following the upheaval experienced earlier in the decade. This chapter identifies various ways in which the process of assessment became more formalised, including an expansion in the number of intake teams, the development of criteria and models of assessment and the significance attached to social workers who were qualified being involved in carrying out assessments. It highlights the increasingly important work carried out by the BASW in advising about policy and providing guidance to social workers. The importance of assessment in making decisions about subsequent interventions is addressed.

The identification of priorities in Government policy in the context of economic difficulties and the 'end of the post-war consensus'

The economic crisis which started in 1973 with a significant increase in the price of oil provided a platform for the expression of political views which were critical of the welfare state and the 'post war consensus' which had sustained cross party support for the expansion of the personal social services. Those views included the

claim that people had become too dependent on state provision, reducing their ability to resolve their own problems.¹ Deakin referred to the process as the '[t]he crumbling of consensus', suggesting that there was a lack of coherence in the earlier critique of the welfare state and that its defenders failed to support its benefits.²

Although the economic crisis, the questioning of welfare state provision and the criticisms of social work by the media arising from the death of Maria Colwell presented challenges to the continuing development of social work, other forces operated to enhance the significance of the assessment function. The range of work and number of referrals to SSDs continued to rise, including referrals which might otherwise have been dealt with by the NHS and NSPCC. Criticism that the help provided by social workers encouraged dependency together with the requirement to identify priorities meant that assessment decisions about the provision of services had to be more clearly thought through. Moreover, the critique by the New Right of welfare dependency was matched from the political left with a critique that the welfare state afforded too much discretion to individual welfare officials.³ For example, the Family Rights Group was formed in 1974 to support families in challenging decisions made about children by SSDs and to provide help to them so that they could look after their own children at home.⁴ In the face of claims that people should be independently represented, social workers were increasingly required to clarify, explain, justify and be accountable for the assessment decisions which they made.

The economic circumstances of the period were responsible for the provision of a wide range of government guidance about expenditure on the personal social services, within which the assessment function was critical to decisions made about

¹ Deakin, *The politics*, pp. 69-73.

² *Ibid.*, p. 55.

³ The New Right argued in favour of economic markets having freedom to operate in a way which maximised profit. Government intervention in markets should be kept to a minimum. The New Right campaigned for a reduction in government spending on, for example, social security. It emphasised the importance of families caring for their dependants rather than relying on the welfare state for the provision of care.

⁴ Family Rights Group, *A Guide to Care Proceedings* (London, circa 1980), p. 4.

the provision of services in individual cases. Within the small increases in spending which were permitted, a DHSS Circular about Rate Fund Expenditure in December 1974 identified priority social problems which SSDs were required to address. The priority groups were regarded as: children who were at risk of ill-treatment; very dependent people living alone; people with mental health problems; people with learning disabilities; people who urgently needed residential care or support in their own home; and families in danger of breakdown.⁵ The DHSS suggested that savings could be made by reducing residential care, long term preventive work and broadly based services which were not specific to individual need.⁶ Restrictions in spending were influential in delaying the implementation of some sections of the Children Act 1975 and in limiting the introduction of further social welfare legislation in the second part of the 1970s. For example, the Foreword to the White Paper *Better Services for the Mentally Ill* acknowledged that resources would be limited to support its implementation.⁷

A consultative document to establish priorities for the provision of health and personal social services during the period of economic difficulties was published in 1976 which acknowledged that the establishment of SSDs and new legislation had led to more social problems being identified.⁸ The importance of professional assessments of need in determining the allocation of resources was emphasised and managers were advised that activities should be carried out efficiently and economically.⁹ To support that process the Birch Report pointed to the importance of qualified social workers being provided with the opportunity of studying some subjects in greater depth and referred to the development of assessment skills as an example.¹⁰ One of the government's priorities was to maintain a focus on the continuing development of community care, which was reflected in the annual reports of the Social Services Department of the new Lancashire County Council.

⁵ BASW, 'Priorities of Social Services, 27th January 1976', p. 1. MRC MSS.378 BASW/2/212.

⁶ DHSS, Local Authority Circular (75)(10) 'Local Authority Expenditure 1976/77 – Forward Planning', 3rd September 1975, p. 3. MRC MSS.378 BASW/2/211.

⁷ DHSS, *Better Services for the Mentally Ill* (London, 1975), p. iii.

⁸ DHSS, *Priorities for Health and Personal Social Services in England: A Consultative Document* (London, 1976), p. 71.

⁹ *Ibid.*, p. 8 and p. 12.

¹⁰ DHSS, *Birch report*, p. 92.

They made it clear that the development of community care constituted a priority in its work, the 1975-6 report stating that it was preferable to support individuals and families in their own homes and communities.¹¹ In a clear reflection of the *Priorities* document the report for the following year went as far as stating that community care was the overall objective of social services.¹² The policy contributed to a significant increase in referrals to SSDs with Lancashire County Council reporting that referrals to its area teams had increased from 48,176 in 1974/5 to 59,706 in 1976/7.¹³ In a speech to Directors of Social Services in 1974 the Barbara Castle, Secretary of State for Social Services, acknowledged the increase in demand when she referred to the way in which a gradual transfer of responsibility for older people, people who had mental health problems, and people with learning disabilities from the health services to social services departments was taking place.¹⁴

The BASW was also fully supportive of the policy of community care and pointed out that it had been active since its inception in advocating development.¹⁵ Nevertheless, the BASW drew attention to higher planned increases in spending on some NHS provision, contrasting the 6 per cent increase in expenditure on home nurses and health visitors with the 2 per cent increase in expenditure on home helps and meals on wheels.¹⁶ It also pointed out that where health visitors were expected to identify children who had been ill-treated, the increase in expenditure by SSDs to respond to an increase in referrals was much lower than the planned expenditure on health visitors.¹⁷ The points raised by the Association were emphasised in its conclusion that there would need to be a wider differential increase between health

¹¹ LCC, SSC, 14th September 1976, Minutes, 'Annual Report to the Social Services Committee 1975-6', p. 2. LA LCC 2/4/3. The new Lancashire County Council was formed on April 1st 1974 comprising some parts of the previous Lancashire County Council and the previous County Boroughs of Blackpool, Burnley, Preston.

¹² LCC, SSC, 13th September 1976, Agenda, 'Annual Report to the Policy and Resources Committee 1976-7', p. 1. LA LCC 2/4/4.

¹³ LCC, SSC, 4th July 1978, Agenda, Appendix A, 'Annual Report of the Social Services Committee 1977-78', p. 1. LA LCC 2/4/5.

¹⁴ Castle, *Speech*, p. 9.

¹⁵ BASW, Comments on 'Priorities in Health and Personal Social Services in England', 15th October 1976, p. 1. MRC MSS.378 BASW2/212.

¹⁶ *Ibid.*, p. 2.

¹⁷ *Ibid.*, p. 4.

and personal social services expenditure if the expectations of community care were to be realised.¹⁸

Concern expressed about standards of social work practice, particularly since the death of Maria Colwell, was also addressed by the BASW in a number of papers. The 1975 Annual Report of its Professional Development and Practice Committee advised that the Association should respond to concerns about standards of social workers' practice and outlined the work in progress.¹⁹ Following a discussion paper written by the Chair of the BASW which urged the Association to establish standards of practice, consider the registration of social workers and the enforcement of those standards, it established a sub-committee to identify standards of competence.²⁰ The response of BASW to the *Priorities* document identified the poor level of services by SSDs to people with mental health problems and learning disabilities in particular and that the provision of support to that group was inadequately covered in the training of social workers.²¹ The various papers were a clear acknowledgement that, if social work was to develop as a profession, it was necessary to be clearer about the standards of practice which could be expected of social workers. In doing so they were consistent with the literature of the 1960s and early 1970s which had pointed to the lack of assessment skills and criteria on which to base assessments.

The government's expectation that SSDs would develop community care alternatives to residential and hospital care and that they would be instrumental in reducing the incidence of family breakdown was modified because of reductions in government expenditure in the second half of the 1970s. Because of those reductions, the *Priorities* document went as far as suggesting that the provision of voluntary

¹⁸ *Ibid.*, pp. 5-6.

¹⁹ BASW, 'Professional Development and Practice Committee, Draft Annual Report 1975', p. 1. MRC MSS.378/BASW/2/226.

²⁰ BASW, 'The Quality of Social Work Practice: Towards a Strategy, K Richards 5.3.76'. MRC MSS.378 BASW/2/227; BASW, Professional Development and Practice Committee, 17 September 1976, Item 34/76, pp. 3-4. MRC MSS.378 BASW/2/227.

²¹ BASW, 'Comments on Priorities in Health and Personal Social Services in England', p. 3. MRC MSS.378 BASW/2/212.

organisations could be more cost effective than the services provided directly by SSDs.²² Moreover, in a conclusion which reflected the approach more commonly associated with Conservative governments of the 1980s it suggested that because SSDs would not be in a position to meet all the needs which were increasingly coming to their attention, they should decide which needs of the community they would meet and those which families would have to cope with by themselves.²³ The expectation of subsequent Conservative governments that families would become more significant in providing care was foreshadowed in 1978 by the Prime Minister James Callaghan who suggested that '[t]he family is the place where we care for each other, where we practice consideration for each other. Caring families are the basis of a society that cares'.²⁴ Janet Finch argued that the statement was made in the context of the expectation of all governments that families would be able to compensate for restrictions placed on government spending, and pointed out the implication that women would be most involved in providing the care.²⁵ Confirmation of the reliance of the state on the care given by families was provided by Moroney whose research drew attention to the relatively low level of state services to support families in their care of frail older people and children with learning disabilities.²⁶ Moreover, he concluded that there was no basis for the concern that the welfare state had resulted in families transferring their responsibilities to the state.²⁷

The significance of the policies of community care and the provision of support to families as wider influences on the development of social work continued to be amply demonstrated in the *Priorities* document. However, the requirement to reduce expenditure highlighted the nature of the tension between the two policy strands, a tension which was heightened during the more vigorous pursuit of community care by Conservative governments during the 1980s.

²² DHSS, *Priorities*, p. 72.

²³ *Ibid.*, p. 74.

²⁴ James Callaghan, *The Guardian* 23rd May 1978, cited in J. Finch, *Family Obligations and Social Change* (Cambridge, 1989), p. 237.

²⁵ *Ibid.*, p. 237.

²⁶ Moroney, *The family*, p. 129.

²⁷ *Ibid.*, p. 127.

Government policy for the planning and implementation of social assessments

The difficult economic climate and increasingly strident criticisms of the welfare state by commentators and politicians who represented the New Right approach did not stop the continuing identification of social problems and increased understanding of their complexity. Moreover, public concern about the effectiveness of social workers in responding to child abuse did not prevent further plans to expand the responsibilities of social workers. In being established as a priority activity assessment formed a significant part of new initiatives to extend community care. The White Paper about services for people with mental health problems stated that social workers were involved in helping people with emotional, social and environmental problems and asserted that a prominent role of social workers was to assess the social factors which were relevant to the coping abilities of a person experiencing mental ill health. In particular it emphasised that a social worker had an important part to play in assessing the circumstances in which it was possible for a person with mental ill health to live at home.²⁸ Although the Mental Health Act 1959 was under review the National Health Service Act 1977 nevertheless placed a duty on SSDs to provide ‘...social work and related services to help in the identification, diagnosis, assessment and social treatment of mental disorder...’.²⁹

Recognition of the significance of the assessment function of social workers formed an important part of the review of the Mental Health Act 1959. It reflected the continuing importance accorded to meeting the social needs of people for whom compulsory admission to mental hospitals was considered. A consultation document which reviewed the operation of the Mental Health Act 1959 acknowledged the concern of the medical profession that many social workers who worked in a generic capacity had less knowledge of mental health issues than mental welfare officers in the earlier Health Departments. To meet those concerns it proposed an enhanced role for social workers, suggesting that they should meet guidelines and be

²⁸ DHSS, *Better services for the mentally ill*, pp. 22-23.

²⁹ The National Health Service Act 1977 Schedule 8(2).

‘approved’ to carry out the role as a result of having done some training.³⁰ A White Paper which followed the consultation suggested that;

...as their training improves, Mental Welfare Officers will play a more positive role in assessing on the basis of their social work expertise, whether compulsory admission is needed or whether some alternative solution is preferable.³¹

The influence of the BASW recommendation that the title mental welfare officer was out of date and should be changed to ‘approved social worker’ was clearly evident in the White Paper. It quoted from the BASW’s own review of the role of the mental welfare officer which proposed that the first duty should be;

to investigate the patient’s social situation and to identify, in consultation with others involved, the extent to which social and environmental pressures have contributed to his observed behaviour.³²

The BASW’s submission in response to the review of the Mental Health Act 1959 was detailed in its analysis and recommendations.³³ In suggesting that the BASW experienced a period of particular difficulty during the late 1970s and early 1980s, Sackville’s analysis provided examples of organisational difficulties.³⁴ Nevertheless, the BASW’s response to the review of the Act together with other documentation which it continued to produce in support of the development of professional practice is perhaps one reason which enabled the Association to subsequently re-establish itself.

The admission of children with learning disabilities to hospitals was a further concern which was discussed at the DHSS. For example, the National Development Group for the Mentally Handicapped urged the Secretary of State to prevent the admission to hospital of any child with learning disabilities unless it was agreed that

³⁰ DHSS, *A Review of the Mental Health Act 1959* (London, 1976), p. 28.

³¹ DHSS, *Review of the Mental Health Act 1959* (London, September 1978), p. 30.

³² BASW, *Mental Health Crisis Services - A New Philosophy?* (London, 1977), para 22.4.

³³ BASW, *Mental health*.

³⁴ Sackville, *The role and influence*, pp. 263-69.

the specialist service of a particular hospital was necessary.³⁵ The Association of Directors of Social Services informed the Chief Social Work Officer that it was in favour of the policy decision and suggested that it was generally agreed that of the approximate 5,000 children in mental handicap hospitals, three quarters were there for social reasons.³⁶ However, the tension arising from the development of provision by SSDs, between social workers and the medical profession, was evident in the serious reservations about the policy expressed by leading doctors.³⁷ Following the introduction of the Joint Finance Initiative, Lancashire County Council responded by agreeing to a proposal from the Area Health Authority to establish joint planning for the care of children with a learning disability.³⁸ A report from the Area Specialist in Community Medicine noted that the importance of the role of parents in the management of children with learning disabilities had been increasingly recognised in the previous ten years and that ‘...the shape of family support is dependent on the outcome of assessment’.³⁹ The new policy for children with learning disabilities was a further example of the continuing extension of the assessment function in responding to social problems which were highlighted by the conjunction of policies for community care and support for families in the care of their dependants.

David Plank’s review of services for older people in London Boroughs in 1972 which was published because of new interest in the subject concluded that a comprehensive planning system didn’t exist to ensure that their individual needs were met.⁴⁰ However, there were some examples of social workers in local authorities making more thorough initial assessments of older people with a view to residential or domiciliary care than there had been in the 1960s. In Coventry for example, the system for organising admissions to an older persons’ home involved a social worker collating documentation which included a social history written by the social worker and a medical report usually completed by a GP. The documentation

³⁵ Letter from Peter Mittler to David Ennals MP, 11th October 1977. TNA MH 154/1216.

³⁶ Letter from Bryan Roycroft to Mr W. B. Utting, 5th January 1978. TNA MH 154/1216.

³⁷ DHSS, Central Health Services Council, Minutes of the meeting held on Tuesday 4 July 1978, p. 5. TNA MH 154/1217.

³⁸ The Joint Finance Initiative was introduced in 1976 to increase co-operation between Area Health Authorities and SSDs in achieving the objectives of community care.

³⁹ LCC, SSC, 18th January 1977, Agenda, Appendix B, ‘Joint Service for the Handicapped Child and his Parents, Report of the Area Specialist in Community Medicine’, p. 1. LA LCC 2/17/3.

⁴⁰ D. Plank, *Caring for the Elderly* (London, 1977), p. 11.

was submitted to an Assistant Homes Officer who made a provisional assessment of the priority of each application before a panel allocated places.⁴¹ Local authorities used either their hospital social work teams or area teams to carry out assessments of older patients with a view to discharge. Initially Lancashire County Council arranged for area team social workers to carry out the work. However, following a period of adjustment to local authority procedures after their transfer in 1974, and an expansion in numbers, hospital social workers started to carry out the assessments, for which they made visits to people's homes. Follow up home visits to ensure that discharge plans were carried out by both the social services and health authorities were also made.⁴² These local authority arrangements introduced qualified social workers in local authorities to the assessment of the needs of older people, a situation which had rarely existed in the 1960s. They marked the beginning of the wider involvement of qualified social workers in carrying out assessments of the needs of older people, an issue which became particularly significant during the 1980s.

Government advice about the investigation of child abuse in the second half of the 1970s continued to be provided including advice about the involvement of the police in case conferences and publishing reviews of events leading to the deaths of children who were in the care of SSDs. Lancashire County Council's SSD Annual Report for 1975-6 drew attention to the heightened public concern about child abuse and suggested that it was the work of the SSD which was bringing more cases to light.⁴³ By the end of the decade the Council referred to the increase of work arising from the investigation of child abuse as being very substantial.⁴⁴

A significant development in the increasing focus on social assessment occurred in the second half of the 1970s. Of significance to the function of assessment as a

⁴¹ DHSS, Development Group – Social Work Service, *A Lifestyle for the Elderly* (London, 1976), pp. 66-67.

⁴² LCC, SSC, 4th July 1979, Agenda, Appendix F, 'Job Description: Principal Hospital Social Worker', p. 10. LA LCC 2/4/6.

⁴³ LCC, SSC, 14th September 1976, Agenda, 'Annual Report to the Social Services Committee 1975-6', p. 2. LA LCC 2/4/3.

⁴⁴ LCC, SSC, 3rd July 1979, Agenda, Appendix F, 'Job Description: Assistant Divisional Director'. LA LCC 2/4/6.

unifying influence on the emerging social work profession the reception of children, young people and adults into residential care for the purposes of making a formal assessment began to be questioned. The Social Work Service at the DHSS had already concluded that there should be no separate assessment centres for children under 5 and raised the possibility of assessments of young children being carried out in the child's own home as well as residential nurseries, foster homes and reception centres.⁴⁵ A report about assessment of children by MIND suggested that there was a widely held view that the assessment of the needs of children and young people only took place in a residential centre.⁴⁶ It argued that a residential assessment could be distressing for the child and its behaviour could be misleading because of the artificial and restrictive setting.⁴⁷ The issue of carrying out an assessment of a person in an environment with which they were unfamiliar and which could produce false information formed one of the concerns of the Social Work Service.⁴⁸ In response to similar concerns Lancashire County Council provided support for the position that child development centres for children with learning disabilities should not be located in the out-patient departments of general hospitals because the setting did not provide for the observation of normal behaviour.⁴⁹

The Social Work Service at the DHSS had initially noted with approval that as part of the implementation of the Children and Young Persons Act 1969, Regional Plans had provided for an increase in the number of places available in Observation and Assessment Centres.⁵⁰ However, the Centres experienced a range of problems. For example, the focus on assessment at two newly built Centres in Bedfordshire was inhibited by the frequency of emergency admissions following decisions made by

⁴⁵ DHSS, Social Work Service, 'Panel on the Needs of Young Children in Care, minutes of Meeting held on 9 March 1971', p. 1. TNA BN 29/2595.

⁴⁶ MIND, *Assessment of Children and their Families* (London, October 1975), p. 17.

⁴⁷ *Ibid.*, p. 17.

⁴⁸ DHSS, Note of a Meeting held at Alexander House on 8 May 1978 to Discuss Observation and Assessment, p. 1. TNA MH 166/1317.

⁴⁹ LCC, SSC, 16th January 1979, Agenda Item 17, Appendix D, 'A Service for the Handicapped Child and the Family', p. 4. LA LCC 2/4/5.

⁵⁰ DHSS, Circular 51/73, 'Memorandum on a Survey, Children and Young Persons Act 1969', p. 11, 5th October 1973. TNA BN1/76.

field social workers and it was found that out of fifty admissions there were twenty nine who had been resident for more than three months.⁵¹

By the middle of the decade the expansion of observation and assessment centres throughout the country became a cause of concern at the Social Work Service because of the length of time children were staying in the centres and uncertainty about the quality of some of the assessment provision. It was decided to carry out some research to consider the extent to which it was necessary for the assessment process to be residential.⁵² An inter-departmental meeting at the DHSS in 1978, to discuss the future of observation and assessment, marked the beginning of a change in policy towards the residential assessment of children.⁵³ The Social Work Service questioned its own policy of supporting the building of large new Observation and Assessment Centres and referred to the view expressed in 1974 by the head of Redhill classifying school that much greater use should be made of non-residential assessment. William Utting, Director of the Social Work Service, pointed out that the DHSS did not have a policy about non-residential assessment and it was decided to work towards supporting a policy for the increase of day assessment, assessment in foster parents' homes and in children's own homes.⁵⁴ A Working Party was established later in 1978 to consider the work of observation and assessment in both the community and residential care.⁵⁵ Emphasising the importance of an assessment in a child's natural environment a submission to the Working Party by the Royal College of Psychiatrists expressed the view that wherever possible observation and assessment should be on a non-residential basis and where possible involve interaction with parents in the family home.⁵⁶

⁵¹ J. Harris, 'Child Observation and Assessment Centres: Psychiatrists' and Social Workers' Difficulties', *British Journal of Psychiatry*, 132 (1978), pp. 195-99.

⁵² DHSS, 'Memorandum from Pat Cawson to Dr Rodda, 4th September 1975', p. 1. TNA MH 166/1317.

⁵³ DHSS, 'Note of a Meeting held at Alexander House on 8 May 1978 to Discuss Observation and Assessment'. TNA MH 166/1317.

⁵⁴ *Ibid.*, pp. 2-3.

⁵⁵ DHSS, *Observation and Assessment: Report of a Working Party* (London, 1981), p. 1.

⁵⁶ The Royal College of Psychiatrists, 'Comments on the DHSS Working Party Document on Observation and Assessment', p. 2, 27th July 1979. TNA MH 166/1317/93B.

Concern about the disadvantages of residential assessment for older people with mental health problems was contained in a number of government documents and publications. The DHSS publication *Better Services for the Mentally Ill* pointed to the possible intensification of a person's anxiety as a reason for making an assessment at home or at an out-patient clinic where possible.⁵⁷ Concern was reinforced by the reprint in 1976 of government guidance published in 1972 which emphasised the fundamental importance of 'proper assessment'.⁵⁸ A DHSS seminar discussed how assessment for placements could be carried out more effectively, concluding that decisions needed to be reached jointly between professionals.⁵⁹ In relation to assessments of the needs and potential of children with learning disabilities, Peter Mittler emphasised the importance of them being carried out in natural settings.⁶⁰

There were significant limitations to the development of community based assessment. The day assessment of children and young people with learning disabilities as an alternative to residential assessment was established in some local authorities.⁶¹ However, the reports of officers-in-charge of assessment centres in Lancashire provided no information regarding assessments which had been completed within the community under their supervision.⁶² In their review of local authority assessment procedures for the admission of older people to residential care in the late 1970s and early 1980s, Bleddyn Davies and David Challis found that very few local authorities had initiated formal community based systems of assessment.⁶³ At the end of the decade Joan Cooper and Peter Wedge concluded that because assessment was 'so institutionalised' across educational, health and social services

⁵⁷ DHSS, *Better services for the mentally ill*, p. 31.

⁵⁸ DHSS, *Services for Mental Illness Related to Old Age* (London, 1972), p. 6. TNA 154/1220 D7.

⁵⁹ DHSS, 'Seminar on the Care of Elderly People with Mental Illness or Mental Infirmity, 21 July 1978', p. 2. TNA MH 154/1220 D7.

⁶⁰ P. Mittler, *People Not Patients: Problems and Policies in Mental Handicap* (London, 1979), p. 62.

⁶¹ MIND, *Assessment*, pp. 37-38.

⁶² LCC, SSC, Advisory Sub-Committee Minutes between 8th November 1976 and 12th November 1979. LA LCC 3/6/1.

⁶³ B. Davies and D. Challis, *Matching Resources to Needs in Community Care* (Aldershot, 1986), p. 44.

provision the issue about the extent to which residential assessment was necessary had not been resolved.⁶⁴

The focus on priorities and reductions in capital expenditure in the middle of the 1970s led to a re-consideration of the growth in provision for the residential assessment of children, young people and adults towards the end of the 1970s. The discussions which took place about the development of assessment practice in people's homes as an alternative to residential assessments provided a further example of the conjunction of policies of providing support to families and of community care becoming a significant influence on the development of the assessment function. Moreover, the review of residential assessment for all client groups was indicative of the way in which the development of the assessment function had started to be considered across work with all client groups on a similar basis thereby introducing a degree of coherence and further level of conceptualisation.

The development of more systematic approaches to social assessment

The increasing importance which was attached to the development of the assessment role of social workers in the 1970s resulted in a more systematic approach to the work of carrying out social assessments. Many SSDs introduced intake teams and guidance, criteria, frameworks and models were constructed to provide advice to social workers in their practice. Research commissioned by the DHSS in the middle of the decade found that area teams used either a duty rota system or intake team to receive referrals and that the organisation of staff varied within those systems.⁶⁵ It further noted that there was limited interest among social workers in becoming involved in research to examine the reasons for accepting referrals and the allocation of cases. The report suggested that if social workers did so '...a more clearly

⁶⁴ J. Cooper and P. Wedge, 'Children and Families: Some issues for Social Work Policy and Practice', in T. Booth and others, *Specialisation: Issues in the Organisation of Social Work* (Birmingham, 1980), p. 57. Joan Cooper was Director of the Social Work Service at the DHSS between 1971 and 1976.

⁶⁵ DHSS, *Social Service Teams: The Practitioner's View* (London, 1978), p. 29.

defined approach to some of the problems presented to social services departments...' might emerge.⁶⁶ Amid concern about the shortage of research material to inform planning for the development of the roles and tasks of social workers, in particular the differentiation of tasks between qualified and unqualified social workers, a literature review was carried out by the DHSS. Dione Crousaz concluded that in studies about the work of social workers they underestimated the significance of their role in assessing clients' problems, placing more emphasis on the importance of their counselling and nurturing roles. For example, she referred to the above DHSS research, in which social workers who, following an assessment referred clients to other agencies, advocating on their behalf, but identified the common sense rather than skills which were involved.⁶⁷

Butrym, an author with considerable experience of medical social work, pointed out, as she had previously done in 1968, that '[t]here is no doubt that the major challenge inherent in making assessments of problems in social work stems from the lack of any specific framework for determining the particular configuration of relevant factors in a given situation'.⁶⁸ She noted that the construction of a framework would be difficult because of the different factors present in each case and that the application of a systems theory approach which was becoming popular at the time might not be specific enough to address the relevant issues in each case.

Although academic research pointed to continuing limitations in the work of assessment its profile was significantly raised following the debate about whether intake teams should be introduced into area teams. At the end of the 1970s it appears that approximately half of area teams used the structure of an intake team. The Social Work Service report of an inspection into the care of children by all London Boroughs, carried out in 1980, found that there were intake teams in 18 of the 32 Boroughs.⁶⁹ The inspection found that careful consideration was usually given to issues relating to continuity of relationships, with care being given to the

⁶⁶ *Ibid.*, p. 76.

⁶⁷ D. Crousaz, *Social Work: A Research Review* (London, 1981), pp. 53-54.

⁶⁸ Butrym, *The nature*, p. 85.

⁶⁹ DHSS, Social Work Service, *Children in Care in London* (London, February 1981), pp. 40-1.

timing of handover, the handover itself, joint visits and writing of case summaries.⁷⁰ At the end of the decade Christopher Gostick and Tony Scott reported that 46% of the area teams which they studied had intake teams, that they were being added to at the rate of about ten a year, with very few being ended and that they were found in counties as well as urban areas.⁷¹ In her study of the introduction of intake teams Joanna Buckle concluded that the priority which they gave to the work of assessment, followed by short term intervention, had resulted in the development of a new specialisation in social work.⁷²

Research into social work teams in the late 1970s evidenced the importance of the assessment role in both intake teams and duty systems. Jim Black and others found that in two of the three local authorities they studied, the work of investigation and assessment for all client groups was the most common activity for new referrals.⁷³ The percentage of cases in which investigation and assessment were involved in the two authorities ranged from 65% to 91%.⁷⁴ The third authority was a rural area of a Welsh county where only 27% of cases of children and families were recorded as involving investigation and assessment.⁷⁵ Goldberg and others found that three quarters of the cases referred to an intake team during a complete year involved exploration and intake work.⁷⁶ A study of the work of social workers in four teams in urban, rural, general hospital and mental hospital settings was carried out during a single week in Devon in 1977. Out of fourteen different roles which were identified it was found that the role of investigation carried the highest number of episodes.⁷⁷

Echoing the position which had been taken in the 1960s, the importance of a qualified social worker being responsible for carrying out the assessment function in

⁷⁰ *Ibid.*, p. 41.

⁷¹ C. Gostick and T. Scott, 'Intake Teams – Dead or Alive?', *Community Care*, September 4 1980, pp. 20-22.

⁷² J. Buckle, *Intake Teams* (London, 1981), p. 187.

⁷³ J. Black and others, *Social Work in Context: A Comparative Study of Three Social Services Teams* (London, 1983), p. 155.

⁷⁴ *Ibid.*, p. 118 and p. 113.

⁷⁵ *Ibid.*, p. 79.

⁷⁶ Goldberg and others, 'Towards accountability', p. 274.

⁷⁷ M. S. Jeans, *Role Analysis in Field Work Teams* (circa 1978), p. 23.

more complex cases was authoritatively asserted during the 1970s. The Birch Report recommended that referrals which required admission to residential care or presented financial difficulties should be the subject of a thorough assessment and should only be investigated by qualified social workers.⁷⁸ A BASW report asserted that where diagnostic work was required in a referral it should be carried out by a qualified social worker. It was considered necessary because of the requirement to engage with the client about the referral and to conceptualise and classify the nature of the problem to ensure an effective assessment.⁷⁹ The importance of an accurate assessment being made of a client's needs and of the services which were required was emphasised.⁸⁰ Although recommending the development of further specialisation by social workers in their work with groups of clients, the report suggested that there was a place for a number of general purpose social workers with considerable experience, who would focus on intake and short term work and whose assessment skills would ensure referral to other specialist workers.⁸¹

It was further asserted that where possible intake teams should be staffed primarily by qualified social workers. The research of Stevenson and others found that in most area teams, social work assistants did not carry out assessments, noting that duty officers were well aware that complex situations may well lie behind apparently straightforward requests.⁸² The DHSS similarly found that child abuse cases in London Boroughs were almost always dealt with by trained and experienced social workers.⁸³ However, the engagement of qualified social workers could not always be achieved. In Dereham, a district of Norfolk, two teams alternated on a daily basis in providing the duty system; in principle only qualified social workers should have been on duty but in practice unqualified social workers were also involved, with social work assistants sometimes covering the role.⁸⁴ In a further study, Owen Gill and Noel Boaden found that some members of an intake team in Liverpool were

⁷⁸ DHSS, *Birch report*, p. 75.

⁷⁹ BASW, *The Social Work Task* (Birmingham, 1977), p. 38.

⁸⁰ *Ibid.*, p. 42.

⁸¹ *Ibid.*, p. 53.

⁸² DHSS, *Social service teams*, p. 34 and p. 37.

⁸³ DHSS, *Children in care*, p. 49.

⁸⁴ Black and others, *Social work in context*, p. 59.

relatively inexperienced or unqualified. Moreover, they found that social work training was not oriented towards intake work.⁸⁵

The importance of assessment as the foundation for further work was increasingly emphasised during the 1970s. At the end of the decade Goldberg and Warburton concluded that:

An accurate assessment which arrives at the problem which the client experiences as most troublesome is probably one of the most important keys to successful social work intervention.⁸⁶

They further argued that a trained social worker would be able to:

...devote time and thought to the assessment of complex situations where environmental factors, inter-personal and personality factors intermingle and pose formidable obstacles to a reasonably clear problem definition and to the determination of feasible objectives.⁸⁷

The value of qualified social workers being responsible for the assessment of cases was taken a step further in proposals for a team approach to assessment, although it was recognised that the process would be a complex one.⁸⁸

Models to support the professionalisation of the assessment function started to be provided in the social work literature. In an earlier example from the late 1960s Goldberg's study of social work with older people provided criteria which could be used to assess their social and medical needs.⁸⁹ She concluded from her research that the importance of a thorough initial assessment was clearly demonstrated and that to appreciate the needs of older people it should if possible be carried out or at least overseen by a senior and experienced social worker so that the appropriate

⁸⁵ O. Gill and N. Boaden, 'Training for Intake', *Social Work Today*, Vol 8 No 10, 7.12.76, p. 11.

⁸⁶ Goldberg and Warburton, *Ends and means*, p. 125.

⁸⁷ *Ibid.*, p. 127.

⁸⁸ BASW, *The social work task*, p. 58.

⁸⁹ Goldberg, *Helping the aged*, chapter 3.

resources could be allocated.⁹⁰ In arguing that assessment had become a central role for social workers, Haines asserted that there were three phases in the social work process; assessment, action and evaluation, that the phases overlapped and that all three phases could be achieved in the duration of a single interview.⁹¹ He further suggested that the process of assessment could be broken down into the stages of ‘...acquisition of information, study, formulation and goal setting’, emphasising that the model which he developed was applicable to all situations and clients where social workers were faced with problems involving individuals, families, groups and communities.⁹² Haines’ model was the subject of a further level of analysis by Kathleen Curnock and Pauline Hardicker who applied the analysis to cases.⁹³

The attempt by the BASW to clarify the roles and tasks of social workers highlighted the importance of assessment and planning towards the achievement of specific goals.⁹⁴ During the 1970s the BASW published a number of documents which contributed to the identification of criteria for the formulation and implementation of social assessments, including guidance about the investigation of allegations of child abuse.⁹⁵ In recognising the limited involvement of qualified social workers in work with older people, the BASW outlined the skills which were required for an assessment together with comprehensive guidelines for social work with older people. Importance was attached to the accuracy of an assessment and that it addressed the whole of a person’s situation. The guidance advised that an accurate assessment should include a social history to ensure that there was an understanding of an older person’s current functioning. A consideration of the person’s physical and mental health and of their social and emotional well-being, were regarded as essential. The BASW confirmed its support for a multi-disciplinary approach to assessment by emphasising that communication between agencies would ensure the

⁹⁰ *Ibid.*, pp. 197-98.

⁹¹ Haines, *Skills and methods*, p. 32.

⁹² *Ibid.*, p. 38.

⁹³ K. Curnock and P. Hardiker, *Towards Practice Theory: Skills and Methods in Social Assessments* (London, 1979), p. 13.

⁹⁴ BASW, *The social work task*, p. 18.

⁹⁵ BASW, *Code of Practice for Social Workers Dealing with Children at Risk* (Birmingham, 1975). MRC MSS.378 BASW/2/212.

assessment was multi-disciplinary.⁹⁶ In providing comprehensive guidelines for the investigation of child abuse in 1975 and the assessment of older people in the late 1970s, the BASW provided support to SSDs and social workers in work with two client groups which had been the subject of limited involvement with qualified social workers.

The mental health charity MIND expressed concern in 1975 that there was very limited material written about assessment.⁹⁷ A booklet which addressed the assessment of children and their families, to which the BASW contributed, provided guidance to a wide range of issues in relation to assessment including ethics, gathering information and the role of a conference.⁹⁸ Of particular significance to the argument of the present study is its claim that, although the guidance was about work with children it could be similarly applied to work with other client groups.⁹⁹ The booklet suggested a seven stage model comprising stages of: ‘...gathering of information already available; formation of the assessment team; collection of new information; synthesis of this information; the assessment conference; recommendations and report; follow up’.¹⁰⁰ Four principles on which work with people with learning disabilities should be based were established by the National Development Group for the Mentally Handicapped. The first emphasised the importance of an interdisciplinary assessment and plan, the second the importance of support for families in their care of a person with learning disabilities and of adults who wanted to live in their own homes.¹⁰¹ Model questions were provided as the basis of an assessment.¹⁰²

In summarising the research which had been carried out into the development of criteria and procedures for the purpose of assessing the need for admission to

⁹⁶ BASW, ‘Guidelines for Working with the Elderly’, circa 1978, para 6.1. MRC MSS.378 BASW2/302.

⁹⁷ MIND, *Assessment of children*, p. 1.

⁹⁸ *Ibid.*, pp. 3-16.

⁹⁹ *Ibid.*, p. 4.

¹⁰⁰ *Ibid.*, p. 8.

¹⁰¹ DHSS, National Development Group for the Mentally Handicapped, *Improving the Quality of Services for Mentally Handicapped People* (1980), p. 10.

¹⁰² *Ibid.*, pp. 6-11.

residential care in the late 1970s and early 1980s, Davies and Challis concluded that the arrangements of most local authorities were vague and imprecise and that they depended heavily on the work of unqualified staff. They gave Essex as an example of a local authority which had devised an improved standard assessment schedule which provided a more complete picture of a person's needs.¹⁰³ Similarly, Matilda Goldberg and Naomi Connelly drew attention to a number of studies which demonstrated that the admission of older people to residential care was based on relatively limited information.¹⁰⁴ Referring to fieldwork which was carried out between 1980 and 1983, Packman expressed concern about the lack of detail in policies for social work with children. She recognised the danger that more detailed procedures could be used to limit what social workers did but observed that, in the context of research which showed wide differences between social workers, discretion which was not properly informed was as much a danger as reducing individuals to categories and of practice to formulae.¹⁰⁵

To facilitate the work of assessment, many local authorities responded to the constraints in expenditure by establishing a spectrum of needs according to their priority. Criteria adopted by Bradford for example included a top category in which there would be an immediate response to referrals about children or adults in physical or moral danger. The second category included all other statutory responsibilities with the response to referrals in this category being determined by the level of dependence of the person, for example a request for residential care by an older person. The third category included other work which could advantage a client, for example negotiating with the local office of the DHSS regarding their benefits.¹⁰⁶ Evidence of the early stage of the development of criteria was also found in the wide variations used to determine eligibility for the home help service by the different areas of Cheshire County Council.¹⁰⁷ In a review of a number of local

¹⁰³ Davies and Challis, *Matching resources*, p. 44.

¹⁰⁴ E. M. Goldberg and N. Connelly, *The Effectiveness of Social Care for the Elderly* (London, 1982), p. 255.

¹⁰⁵ J. Packman, *Who Needs Care? Social-Work Decisions about Children* (Oxford, 1986), pp. 201-2.

¹⁰⁶ BASW, 'Priorities of Social Services, 27th January 1976', p. 3. MRC MSS.378 BASW/2/212.

¹⁰⁷ Cheshire County Council, *Home Help Service in Cheshire, Clients and their Needs*, Appendix C (Chester, April 1980).

authority schemes for establishing priorities, the BASW observed that local authority schemes did not identify any particular client group as less of a priority.¹⁰⁸

The extension of enquiries and investigations into the private lives of families throughout the twentieth century and the establishment of assessment as a priority function have been identified as extending the social regulation function of the state. In highlighting the regulatory purpose of assessment Jacques Donzelot and Cooper have provided a historical background.¹⁰⁹ However, whereas Donzelot traced the detail of events in the provision of social welfare for children and their families in France, Cooper drew on theoretical perspectives found in the secondary literature. Donzelot's analysis concerned developments in the state's relationship to maladjusted children and their families in France, highlighting the investment which society made in the family unit following the Second World War. Pointing to the earlier dominance but ineffectiveness of the legal system in dealing directly with children who were regarded as maladjusted, he addressed the way in which the knowledge derived from psychology and psychiatry had been introduced into the juvenile court system. Donzelot argued that the influence of psychiatrists and social workers led to the dynamics of family interactions being added to the previously descriptive information of reports made by earlier social investigators which then '...places the minor in a mechanism of interminable investigation...'.¹¹⁰ Cooper's broader analysis of the history of social work in the UK referred to '...the emergence of 'assessment' as a hitherto under-recognised principle driving social work practice' and suggested that the work of assessment became a key dimension in the exercise of power by social workers for whom the intensification of the function was used to justify the subsequent intervention.¹¹¹

¹⁰⁸ BASW, *Priorities*, p. 2.

¹⁰⁹ J. Donzelot, *The Policing of Families: Welfare versus the State* (London, 1980), pp. 190ff. Translation from the original French edition published in 1977; Cooper, *The problem of assessment*, pp. 26-45.

¹¹⁰ *Ibid.*, p. 149 and *Ibid.*, p. 110.

¹¹¹ Cooper, *The problem of assessment*, p. 28 and pp. 56-58.

Referring to social workers as the ‘intermediaries’ of psychiatrists who themselves rarely became directly involved with families because of their principal concern with material issues, Donzelot included them with workers who, because of the changing character of the family, ‘...alone were prepared to manage instability...’ which arose from the mix of both internal and external pressures on the family.¹¹² Similarly, Cooper drew attention to the common interests of psychiatry and social work because of their concern with ‘...the relatively uncontrollable and intangible inter-subjective arenas of socio-phenomena’.¹¹³ He further argued that because social workers carried out work within the private sphere of the home they were in a position to negotiate a degree of autonomy in relation to the expectations of their agency in the carrying out an assessment.¹¹⁴

It is therefore important to note that as well as fulfilling a regulatory and surveillance purpose the introduction of criteria, frameworks and models were necessary to enable social workers to also enhance the pedagogical purpose of the assessment function.

Conclusion

The economic crisis of the mid 1970s led to an examination of priorities in the personal social services. Local authorities were required to review their patterns of spending, provision of services and decisions about individual cases. In that process assessment emerged as one of the priority functions of a SSD, staffed where possible by qualified social workers. After the organisational disruption caused by the establishing of SSDs in 1971 they experienced a period of organisational consolidation following which the function of assessment as a separate stage in the work process became an integral part of the work of SSDs.

¹¹² *Ibid.*, p. 168 and p. 299.

¹¹³ Cooper, *The problem of assessment*, p. 55.

¹¹⁴ *Ibid.*, pp. 65-6.

An acceleration of organisational changes and developments to support the practice of assessment took place in the second half of the 1970s. The profile of assessment was raised by the expansion of intake teams within which it became one of the most important tasks. Moreover, the introduction of criteria, frameworks and models of assessment highlighted the issues which were relevant to the assessment role of social workers in local authorities and contributed to the development of a formal analysis of the assessment function in social work as a whole. One of the purposes of the guidance about assessment provided by the BASW was to highlight ways in which work with all group of clients, and in both short and long term cases identified social workers as a single occupational group and emerging profession. Nevertheless, a tension arose between social workers who preferred to be involved in a substantial amount of assessment work and those who favoured long term work, and concern was expressed that in their 'gatekeeping' role intake teams were responsible for restricting access to services. However, taken together the organisational changes and provision of different forms of practice guidance to social workers provided for an enhanced level of consistency in the assessment role of social workers, developments which SSDs were able to build on in their formulation of policies in the 1980s.

Chapter 7: The formalisation of the assessment role of social workers in local authorities' planning, 1979-1988

The election of a Conservative government on 3rd May 1979 paved the way for New Right political theory to influence the policies of Conservative governments during the 1980s. Along with established professional groups, the emerging social work profession came under the close scrutiny of Conservative governments during the 1980s. Although forms of management control defined the tasks of social workers more closely, there was a delay in the introduction of the outsourcing of SSDs' services to the private sector through the development of the enabling role of local authorities. Moreover, there was some mitigation of the more extreme positions of the New Right with the introduction of legislation and policy which explicitly addressed the assessment function of social workers, and a significant increase in the number of social workers employed in local authorities.

This chapter explores the impact of Conservative governments' policies on the development of the assessment role of social workers during the 1980s, including the provisions of the Mental Health Act 1983 and Disabled Persons Act 1986. It examines the work arising from the accelerated closure of large hospitals and residential children's establishments and evaluates the significance for the assessment function of the development of an enabling role by local authorities. The chapter highlights the way in which the assessment of the social needs of adult groups of clients became more prominent in the work of SSDs during the 1980s, an important stage towards it being established on a similar basis to the assessment of the needs of children and young people, and becoming a stronger influence on the coherence of social work. Continuing work carried out by the BASW to enhance the coherence and professional identity of social work was evidenced in the production of guidelines for social workers in their assessment of the needs of all groups of clients.

The mitigation of the impact of the New Right political theory on the assessment role of social workers

New Right political theory which influenced the policies of Conservative governments during the 1980s was characterised by a concern to reduce the role of the state and introduce market forces into the provision of services. It was anticipated that an increased reliance on family members to provide care for their dependants would reduce the overall burden on the state and that the plurality of provision would lead to more competition and therefore reduced expenditure. The mantra of 'the three Es' Economy, Efficiency and Effectiveness came to characterise the approach of governments in the 1980s, placing the work of SSDs under particularly close scrutiny. Pressure to reduce the cost of services impacted on the assessment work of social workers because they were increasingly required to justify the decisions which they made about the use of resources to meet people's social needs. In particular the policy of community care received an immediate impetus with a view to reducing the costs of institutional care.

However, the response of the government to the broader political, social and economic context of cuts in most other services and the consequent rise in unemployment resulted in the harsher elements of the New Right political theory being mitigated in their application to the personal social services. The Secretary of State for Social Services, Patrick Jenkin, stated that he hoped local authorities would do their best to ensure that they protected services for the most vulnerable groups by cutting back on their administration and working with the voluntary sector and self-help groups.¹ This approach was reiterated by the Under-Secretary for State for Education and Science, Neil Macfarlane, in his reply to Gwyneth Dunwoody, Labour MP, in a debate which she initiated about proposed cuts by Cheshire County Council. He acknowledged that in broad terms the government considered it necessary to reduce the role of the state but hoped that local authorities would do as

¹ Hansard, Volume 970, 17 July 1979, c.1437.

much as they could to protect services for groups which were most vulnerable.² In a speech to the Social Services Conference in 1982 the new Secretary of State for Social Services, Norman Fowler, stated that the planned expenditure for the personal social services included a two per cent advantage against other local authority spending in real terms and pointed to the increase of 35% in the Joint Finance Initiative.³ The increase in expenditure was reflected in an increase in the number of qualified social workers, including team leaders, employed by English local authorities from 17,375 in 1978, to 22,835 in 1988, with a further increase to 26,510 in 1992. Moreover, the total number of staff employed by local authority SSDs rose from 192,160 in 1978 to 235,804 in 1988 with a small decrease to 235,240 in 1992.⁴

Although the work carried out by SSDs was a 'natural' target for proponents of the New Right's political theory, some protection was afforded to their spending because Conservative governments prioritised reductions in other central and local government departments which yielded more significant savings. Conservative governments planned for a continuing increase in real terms of 2% above other local authority expenditure to meet the requirements arising from demographic changes, in particular an increase in the number of older people. Evidence was provided to the House of Commons Select Committee that the Children's Division of the DHSS had been protected from the full scale of cuts at the DHSS.⁵ In spite of planned restrictions and conflict between the Conservative governments and Labour opposition, at the end of the decade the government claimed that net expenditure on the personal social services had grown in real terms by 37% in the decade leading up to 1989/90.⁶

² Hansard, Volume 970, 27 July 1979, c.1329 and c.1332-3.

³ BASW, 'Speech to Social Services Conference by the Secretary of State for Social Services, 24.9.82', p. 4. MRC MSS.378 BASW/2/285.

⁴ Department of Health (hereafter DH), *Health and Personal Social Services Statistics for England, 1990 Edition* (London, 1990), p. 74; DH, *Health and Personal Social Services Statistics for England, 1993 Edition* (London, 1993), p. 105. The Department of Health was created in 1988 when the responsibilities of the former DHSS were redistributed.

⁵ House of Commons, *Second Report from the Social Services Committee Session 1983-84, Children in Care Volume 1* (London, 1984), p. xi.

⁶ Secretary of State for Health, *Caring for People: Community Care in the Next Decade and Beyond* (London, 1989), p. 3.

Throughout the decade governments set about restricting the influence of the more powerful professional and trade union interests, which they regarded as necessary to bring about changes to the efficiency of the economy and welfare state. However, it appears that in setting up a Working Party to review the role and tasks of social workers in 1980 and in asking local authorities to protect people who were most vulnerable from the impact of cuts, governments decided to defer making any immediate and significant changes to the personal social services. Indeed, the significant increase in numbers of social workers and other social care staff employed within SSDs during the 1980s, although a counter-intuitive development, points to the mitigation of the influence of the New Right on expenditure and policy for the personal social services. Nevertheless, the opportunities which SSDs had to develop their services were severely constrained by the difficulties which other policies, influenced by the New Right political theory, imposed on the circumstances of disadvantaged people, including for example unemployment and reductions in social security benefits.

One of the tenets of the New Right theoretical position was that state agencies should become enabling bodies by reducing the number of services which they provided directly and contracting them out to commercial and voluntary agencies. In September 1984 Norman Fowler, Secretary of State for Social Services, argued that local authorities should reduce the amount of care which they provided directly and become co-ordinators of care provided by voluntary and private organisations, and by informal carers.⁷ The direction of change was recognised by the Association of Directors of Social Services in 1985 who suggested that it would involve a co-ordinating and case management role for social workers.⁸ However, it was not until the publication of the Griffiths Report in 1988 that the application of the policy to the work of SSDs was fully considered. Nevertheless, a prominent place for the assessment role of social workers in the context of relationships which were

⁷ A. Webb and G. Wistow, *Social Work, Social Care and Social Planning: The Personal Social Services Since Seebohm* (Harlow, 1987), pp. 94-95.

⁸ Association of Directors of Social Services, *Caring for Competence: Training & Education for Social Work* (July 1985), pp. 14-15.

expected to develop between local authorities and other providers was clearly evident in Sir Roy Griffiths' short report.⁹

The impact of the New Right political theory was further mitigated because of the continuing influence of cross-party agreement about the need to develop social welfare provision, which was evident in the provisions of the Mental Health Act 1983 and Disabled Persons (Services, Consultation and Representation) Act 1986. Having its origin in the Labour government review of the Mental Health Act 1959 Norman Fowler, Secretary of State for Social Services, moved the Second Reading of the Mental Health (Amendment) Bill. He suggested that the Bill was not one of party politics and pointed to the way in which the government had accepted a number of amendments proposed by the House of Lords.¹⁰ For the Labour Party, Gwyneth Dunwoody MP pointed to the preparatory work which had been carried out by the previous Labour government and acknowledged that the Bill reflected that work.¹¹ David Ennals, former Secretary of State for Social Services in the Labour government 1976-9, welcomed the government's intention that the Bill should proceed on a non-party basis and declared his satisfaction with many of its provisions.¹² In a subsequent interview he referred to the work of the House of Commons committee which reviewed the passing of the Mental Health Bill as one of the best examples of Parliamentary committee work.¹³ The passage of the Disabled Persons (Services, Consultation and Representation) Bill was characterised by regular references to the endorsement of the all-party disablement group.¹⁴ Continuing precedents for the use of private members bills to introduce legislation for the personal social services, the Bill's sponsor Tom Clarke, a Labour MP, had the additional advantage of being drawn first in the ballot.¹⁵

⁹ Sir Roy Griffiths, *Community Care: Agenda for Action* (London, 1988). (Griffiths Report).

¹⁰ Hansard, Volume 26, 22 March 1982, c.689.

¹¹ *Ibid.*, c.696.

¹² *Ibid.*, c.707.

¹³ B. Tonkin, 'From the Cabinet Room 5 Forgotten Victories', *Community Care*, October 22 1987, p. 21.

¹⁴ Hansard, Volume 89, 17 January 1986, c.1346, c.1357 and c.1373.

¹⁵ *Ibid.*, c.1364.

The BASW was particularly active in its lobbying of MPs in connection with the Mental Health (Amendment) Act 1982, which was consolidated into the Mental Health Act 1983. Its Parliamentary Liaison Panel reported that it had prepared amendments to the Bill, provided evidence at the House of Commons Standing Committee stage, and that a BASW representative had been present at all of the meetings of the Committee. It was thought that the work carried out had significantly raised the profile of the BASW with MPs.¹⁶ The success was followed up by a joint proposal with the Association of Directors of Social Services to establish an All-Party Parliamentary Group to further the knowledge of MPs about the personal social services and to advocate for increased resources and relevant legislation.¹⁷

The Mental Health Act 1983 extended social workers' responsibilities in making an application for compulsory admission to hospital or for a guardianship order. Approved social workers were required to carry out an assessment of people's social circumstances in order to determine whether alternative care was available for people who had been recommended for compulsory admission by two doctors. A social worker was required to interview the patient and take into account 'all of the circumstances of the case'.¹⁸ Reflecting the earlier evidence of the BASW, the wording of the accompanying Memorandum suggested that an assessment of the most suitable location for the patient's care covered: the patient's past history, relevant family and social factors; the wishes and opinions of the patient, relatives and doctors; and the availability of other forms of care.¹⁹ Where the 'nearest relative' made an application to a hospital the managers were required to request a report on the patient's social circumstances which included the same information.²⁰

¹⁶ BASW, 'Parliamentary Liaison Committee Annual Report 1981/2', p. 1. MRC MSS.378 BASW/2/303.

¹⁷ BASW, Social Policy and Public Relations Divisional Committee, July 1983, pp. 1-3. MRC MSS.378 BASW/2/304.

¹⁸ Mental Health Act 1983 s.13 (1-5).

¹⁹ DHSS, *Mental Health Act 1983, Memorandum on Parts 1 to V1, V111 and X* (London, 1983), pp. 10-11.

²⁰ *Ibid.*, p. 11.

The Mental Health Act 1983 enhanced the assessment role of social workers in a number of ways. Terminology was changed to refer to admission for assessment rather than admission for observation, with the Memorandum which accompanied the Act suggesting that the change implied a more active approach to an evaluation of the situation which reflected current professional practice.²¹ Broader concern about the post qualifying training of social workers was addressed in the legislation which provided for the Secretary of State to issue a direction that approved social workers were required to undergo specialist training for the role.²² Moreover, the importance which the BASW attached to the development of the role was evident in the detailed submission made in response to the draft code of practice to the Act published by the DHSS.²³ The Association took the view that a code of practice would contribute towards a higher standard of professional practice but expressed concern that some doctors wanted to exclude social workers from being involved in the implementation of the Act.²⁴ It continued to express concern about the involvement of the 'nearest relative', suggesting that at a point of crisis the relative may be the least suitable person to decide what to do and that an approved social worker was better placed to provide an independent and objective assessment.²⁵

The passage of the Disabled Persons Bill was particularly noticeable for the way in which speakers made frequent references to the importance of an assessment being carried out. Moving the second reading of the Bill Tom Clarke emphasised that it provided for a planned assessment to be carried out, in contrast to what he described as the more usual involvement of the local authority at a point of crisis.²⁶ Jack Ashley, another Labour MP, suggested that specialist and comprehensive assessments were a way of ensuring that local authorities planned for the transition of people from school to adulthood, from hospital to the community and for support to carers when their own capacity changed.²⁷ Peter Thurnham, a Conservative MP,

²¹ *Ibid.*, p. 5.

²² Mental Health Act 1983 s.114(3).

²³ BASW, 'Mental Health Act 1983: Draft Code of Practice, June 1986. A Response from the British Association of Social Workers'. MRC MSS.378 BASW/2/306.

²⁴ *Ibid.*, p. 1.

²⁵ *Ibid.*, p. 2.

²⁶ Hansard, Volume 89, 17 January 1986, c.1349.

²⁷ *Ibid.*, c. 1371-2.

supported the clauses which required a local authority to assess the needs of young people with special education needs prior to leaving school, and hospital managers to arrange for an assessment of people's need for services prior to leaving hospital.²⁸ Introducing a revised clause, Tony Newton, Minister for Social Security, stated that in assessing the needs of a person with disabilities who received a substantial amount of informal care, local authorities should also assess the capacity of a carer to continue that care.²⁹ To ensure that local authorities could be held accountable the Bill's sponsor advocated specific timetables and recording procedures for assessments. Although the final provisions of the legislation reduced the extent of the responsibilities of local authorities, the importance of the assessment role remained evident in Part 1 of the Disabled Persons (Services, Consultation and Representation) Act 1986 which was headed 'Representation and Assessment'.³⁰ Consideration of the needs of carers was introduced into the legislation, with Section 8 of the Act making it a duty of the local authority to take account of the abilities of carers to continue providing care on a regular basis.³¹ Nevertheless, although the government continued to make concessions regarding the provisions of the Bill, it reserved the right to delay implementation of many of the sections because of financial restrictions.³²

Both the Mental Health Act 1983 and the Disabled Persons (Services, Consultation and Representation) Act 1986 were particularly significant for the way in which the assessment function of social workers was highlighted. The debates in the House of Commons and provisions of the legislation enhanced the profile of social workers during a period in which state provision of welfare was under close scrutiny. Although reference to the assessment work of social workers in the Mental Health Act was brief and the government sought to restrict the scope or delay implementation of many of the sections of the Disabled Persons (Services, Consultation and Representation) Act, the legislation provided for social workers to be involved in carrying out assessments which focussed on whether and how

²⁸ Hansard, Volume 95, 11 April 1986, c. 476.

²⁹ *Ibid.*, p. 524.

³⁰ Disabled Persons (Services, Consultation and Representation) Act 1986 Part 1.

³¹ *Ibid.*, pp. 10-11.

³² Hansard, Volume 89, 17 January 1986, c. 1365-6.

families could continue to support their dependants. Again, the conjunction of policies for families and community care provided a focal point for the involvement of social workers in carrying out an assessment of people's social circumstances. Moreover, the focus on the role of social workers in assessment which emerged from both Acts was in concert with developments elsewhere, particularly in relation to the examination of how community care for older people could be enhanced. Perhaps the most significant reason for the mitigation of the influence of the New Right political theory on the development of SSDs was the priority which Conservative governments gave to implementing the policy of community care.

The critical role of assessment in the development of national policy for community care during the 1980s

The government consultation document about transferring resources from the NHS to local authorities to achieve progress in the development of community care during the 1980s made general references to the personal social services and to SSDs.³³ It stated that before decisions were made about the movement of individuals from long stay hospitals to care provided by a local authority, there should be a joint assessment.³⁴ Earlier discussion within the civil service was more explicit in referring to the impact on social workers working with people with mental health problems, suggesting that;

...community care implies a greater burden on social workers, for example by virtue of the higher rate of referral between services and the need to work closely with the family with whom a mentally ill person is living.³⁵

³³ DHSS, *Care in the Community: A Consultative Document on Moving Resources for Care in England* (London, July 1981). TNA MH 154/1376.

³⁴ *Ibid.*, p. 2.

³⁵ DHSS, 'DHSS Planning 1979/80, 4. Adult Services: Care Outside the Hospital Ward', p. 33. TNA MH 154/1376.

This insight into civil service planning partly explains the readiness of Conservative governments to support an increase in the number of qualified social workers employed by local authorities throughout the 1980s and early 1990s.

To achieve the changes, improvement in the quality of social workers who worked with people with mental health problems, including their role within the planned Mental Health Act, was regarded as a priority.³⁶ Some progress in transferring resources was made and the Joint Finance Initiative programme increased to support the transfer of responsibility from health to social care from £16.4 million in 1976/7 to £68.5 million in 1981/2.³⁷ The initial reaction to the consultation document *Care in the Community* from the Association of Directors of Social Services was favourable, whereas health bodies were more uncertain. They expressed concern about losing resources to the personal social services, caring for the most dependent patients, and local authorities which did not meet targets in providing services.³⁸ A subsequent DHSS circular announced further increased funding that made it possible for more patients to be discharged from hospital and for community based services to be developed.³⁹ In relation to the care of older people the White Paper *Growing Older* similarly called for the expansion of support provided by the community.⁴⁰ The impact of the policy of community care was reflected in the continuing commitment of the Social Services Committee of Lancashire County Council whose draft annual report for 1980/1 stated that the policy underpinned all of its planning.⁴¹ Referring to the full range of its services and the ‘...sensitive and rapid assessment...[and] initial assessment of all requests for help’ it noted that it had undertaken an assessment of the social needs of each area of the County.⁴²

³⁶ *Ibid.*, pp. 37-38.

³⁷ DHSS, *Care in the community*, p. 5.

³⁸ DHSS, *Care in the Community – A Progress Report, Summary of Comments Received So Far* (London,), pp. 1-2. TNA MH 154/1376.

³⁹ LCC, SSC, 19th April 1983, Minutes Item 14, ‘Health Circular 83(6) Care in the Community and Joint Finance’. LA LCC 2/4/9.

⁴⁰ DHSS, *Growing Older* (London, 1981), Para 1.9.

⁴¹ LCC, SSC, 20th October 1981, Agenda, ‘Draft chapter for Annual Report 1980/81 Appendix ‘A’’, p. 1 and Minutes p. 2. LA LCC/2/4/8.

⁴² *Ibid.*, p. 1.

However, concern that the policy of community care was being negated by the increased use of private and voluntary residential care for older people, without a full assessment being carried out, was expressed by the BASW. Information provided by hospital social workers suggested that there was often considerable pressure from medical and nursing staff at all levels for older people to be discharged from hospital to residential care without an adequate assessment of their needs, family relationships, or financial situation. In a number of letters written to the BASW in 1982 hospital social workers asserted that a proposed placement should be in the best interests of an older person, that they should have a choice about a home which they went to live in, and that their ability to pay should be established.⁴³ The BASW was sufficiently concerned about the extent of the problem to publish detailed practice notes for social workers who were involved in the placement of older people in private and voluntary residential homes.⁴⁴ They included discussion of the issues which were emerging in the process of people being admitted, an outline of the principles involved, and analysis of the nature of the conflict which might occur between the social worker and other staff, with a person's family, and potentially with a client themselves. The section about assessment emphasised that the social worker's principal function was to ensure that a client's perception of their own needs was assessed without being influenced by the views of other people with whom they were involved.⁴⁵ Anticipating what became a major social policy issue later in the 1980s, the concern raised by the BASW and its members took place at a very early stage in the expansion of residential places for older people in privately run homes and paid for by the escalating cost of social security benefits.

The consolidation of the assessment function of social workers in local authorities was evident in reports which in other respects indicated different perspectives about the role and tasks of social workers. For example, in the report of the Working Party into the role and tasks of social workers (Barclay Report), different views were expressed in the main report and Robert Pinker's minority report. However, there was broad agreement about the importance of the work of social workers in

⁴³ BASW, Letters to BASW. MRC MSS.378 BASW/2/302.

⁴⁴ BASW, 'Practice Notes for Social Workers and Registration Officers Working with the Private and Voluntary Residential Sector', January 1984. MRC MSS.378 BASW/2/304.

⁴⁵ *Ibid.*, pp. 8-13.

assessment.⁴⁶ The report drew attention to its research which highlighted the extent of the short term work of social workers in SSDs, with 47% of cases being closed within a week and only about 8% becoming long-term clients. Nevertheless, the importance of an assessment being carried out in all cases was emphasised.⁴⁷ Although Pinker argued that social work should have a less ambitious mandate than the concept of community social work permitted, he argued ‘[t]he skills of social work include the ability to assess needs and situations with insight, efficiency and impartiality, including the ability to make judgements about the capacities and intentions of clients...’.⁴⁸ It is significant that although differences continued to be expressed about the purpose of social work, its theoretical development and how it should be conceptualised, there was widespread agreement that social workers should be directly involved in making an assessment in each case. That agreement reflected the function of assessment as a unifying influence on the development of social workers as a single occupational group and emerging profession.

Government sources increasingly drew attention to the work of social workers in recommending which services clients should receive. In an article in a professional journal, *Community Care*, the Secretary of State for Social Services, Norman Fowler MP, suggested that social workers had an important role in making decisions about the resources which would be used in cases.⁴⁹ That view was echoed in a pilot study into the role of social workers in SSDs by the Audit Commission, the summary arguing that ‘[f]undamental questions have not yet been resolved in the profession and elsewhere about the role of social workers’.⁵⁰ Drawing attention to the critical role which social workers played in the early stages of responding to the needs identified in a case by allocating the resources of a SSD, the report referred to the pivotal role which social workers played in the change from institutional to community care.⁵¹ As part of the wide ranging review of the roles and tasks of

⁴⁶ National Institute for Social Work, *Social Workers: Their Role and Tasks* (London, 1982), p. vii. (Barclay Report).

⁴⁷ *Ibid.*, pp. 12-15.

⁴⁸ *Ibid.*, p. 237-38.

⁴⁹ N. Fowler, ‘Making the most of what we’ve got’, *Community Care*, April 5 1984, p. 42.

⁵⁰ BASW, ‘Managing Social Work More Effectively, A BASW Briefing on the Audit Commission Pilot Report’, Feb-March 1986, p. 2. MRC MSS.378 BASW/2/306.

⁵¹ *Ibid.*, p. 3.

social workers during the 1980s, the effectiveness of the assessment function in SSDs was explicitly referred to in surveys carried out by a range of government and parliamentary bodies including the Social Work Service, the Social Services Committee of the House of Commons, and the Audit Commission. The reports of the Social Work Service emphasised the importance of a thorough assessment as the basis for making sound decisions about people's futures and the effective use of resources.⁵²

The Social Services Committee of the House of Commons carried out enquiries into children in care and community care for adults with mental health problems and learning disabilities.⁵³ It gave concerns about the rights of children and families and the use residential care as background reasons for the review of children in care.⁵⁴ Evidence was received about the development of non-residential assessment and the Committee recommended that there should be more urgency in its development.⁵⁵ The government's response to the Committee's recommendation pointed to the dissemination of examples of good practice in local authorities by the Social Work Service, adjustment in the collection of statistics, and the need for local authorities to carry out the changes within current resources.⁵⁶ In its report about community care the Social Services Committee referred to the importance of identification, assessment, and care of people with special needs relating to mental health problems and learning disabilities.⁵⁷ Confirmation of the importance which was attached to the work of social workers with people with mental health problems, as a service which was differentiated from health provision, was afforded by the Committee's observation that it did not regard their substitution with community psychiatric nurses as an alternative.⁵⁸

⁵² For example, DHSS, *Children in care*.

⁵³ Social Services Committee, Second Report, *Children in Care Volume 1*, Session 1983-84; Social Services Committee, Second Report, *Community Care*, Session 1984-5, *Volume 1*.

⁵⁴ Social Services Committee, *Children*, p. xiii.

⁵⁵ Social Services Committee, *Children*, p. lxxvvi.

⁵⁶ DHSS, and others, *Children in Care Government Response to the Second Report from the Social Services Committee*, Session 1983-4 (London, July 1984), p. 22.

⁵⁷ Social Services Committee, *Community care*, p. xi.

⁵⁸ *Ibid.*, p. xcix.

A number of reports produced by the Audit Commission in the early and mid-1980s drew attention to the critical role which social workers played in the distribution of the resources of a SSD. In a letter to the BASW in 1984 the Commission suggested that reviews of services for older people and children in care which had recently taken place, had identified the significance of the 'gatekeeper' role of social workers, although it acknowledged that there were divergent views about the proper role of social workers. Noting that social workers were a relatively low cost within SSDs the letter advised that a pilot study into the role of social workers would take place the following year, but that a full study might not be justified.⁵⁹ The subsequent report into the role of social workers drew attention to their '...key part in determining the type of care a client receives and therefore the costs (and benefits) involved...they are involved in any switch from institutional care to community care and they have an influence on any deployment of any other social service...'.⁶⁰ Although the principal agenda of the Audit Commission was to identify ways in which expenditure could be reduced, its confirmation of the significant part which social workers had in the implementation of social policy for community care as an alternative to institutional and residential care, justified the increase in numbers employed and enhanced their role in carrying out assessments.

Although the reports of the Audit Commission in 1986 and Sir Roy Griffiths in 1988 have usually been identified as the key documents which influenced the community care reforms of the early 1990s, an Audit Commission Report published in 1985 into the care of older people should also be regarded as a particularly significant review. It reported that many SSDs were well managed. However, in three of the seven local authorities which were studied in detail it was suggested that with more information about individual needs and more systematic admission procedures about half of the people in residential care could have been supported in the community, with the spending diverted to support family, carers and friends.⁶¹ Comments by a BASW working group on the report argued that each older person should have a skilled

⁵⁹ Audit Commission, Letter from Doug Edmonds, Project Manager – Special Situations, to John Cypher, General Secretary BASW, December 24 1984. MRC MSS.378 BASW/2/283.

⁶⁰ BASW, *Managing social work*, p. 3.

⁶¹ Audit Commission, *Managing Social Services for the Elderly More Effectively* (London, 1985), pp. 1-2.

assessment of their needs but questioned whether there were enough qualified social workers to carry out the work.⁶² The comments recognised that work with older people was often a low priority to qualified social workers and suggested that assessments were probably being done in a piecemeal way by home help organisers and occupational therapists. A reference to the importance of professional judgements in the concluding paragraph of the Audit Commission's report was regarded as tokenistic because of the focus on providing management rather than professional solutions to the problem. To address its concerns about work with older people being a low priority the working group advised that the BASW should raise it as a significant issue for the profession.⁶³

Further to the concern about social work with older people, the issue of social work with all adult client groups continuing to have a lower status than social work with children and their families was addressed by the BASW.⁶⁴ To meet that ongoing concern a Disabled Persons Act 1986 Working Group was established and its work in producing guidelines for the assessment of needs reflected the emphasis on assessment in the provisions of the Act. In a reference to the principles of assessment also being relevant to other areas of social work practice the guidelines explicitly stated that 'assessments should be needs led, not service led'.⁶⁵

The Audit Commission's broadly based and influential report on community care which was published in 1986 drew attention to the slow progress which was being made in the development of community care. However, in providing some examples it also noted that significant progress had been made in some areas.⁶⁶ The report pointed to the conflict in government policy which on the one hand advocated that local authorities should enable people to live in their own homes but on the other

⁶² BASW, 'Audit Commission, Managing Social Services for the Elderly More Efficiently. A Synopsis of BASW Comments, October 1985', p. 1. MRC MSS.378 BASW/2/306.

⁶³ *Ibid.*, p. 4 and p. 7.

⁶⁴ BASW, 'Advocacy and the Disabled Persons (Consultation and Representation) Act, 21 April 1987'. MRC 378 BASW/2/317.

⁶⁵ BASW, 'Disabled Persons Act 1986 Working Group, Principles of Practice for Assessment', 23 June 1987. MRC MSS.378 BASW/2/317.

⁶⁶ Audit Commission, *Making a Reality of Community Care* (London, 1986), p. 65.

hand made supplementary benefits available to people who were admitted to private residential care following a change of funding regulations in November 1980.⁶⁷ Nevertheless, the report recognised the difficulties involved in planning for assessments to be carried out in the context of inter-agency working.⁶⁸

An example of issues arising from inter-agency working was raised by the BASW in response to an NHS report, *Primary Health Care: An Agenda for Discussion*. It noted that most referrals of older people came from the health services and that a specific difficulty arose from the widespread practice of GPs to make 'prescriptive referrals', to decide in advance what kind of service was indicated for an older person. It was suggested that SSDs tended to collude with the approach because of resource problems but it meant that a 'proper social work assessment' was not usually carried out.⁶⁹ The BASW report highlighted the difference between social workers and GPs in complex assessments, where social workers expected that clients would have a more active involvement in the process and that the assessment could take place at a slower pace.⁷⁰

The culmination of all of the advice which the government received about the development of community care was that Sir Roy Griffiths was asked to review the way that public funds were used to support the policy of community care.⁷¹ A memorandum from the professional associations representing social workers, residential social workers and directors of social services to Sir Roy Griffiths pointed out that the SSD staffs were already involved in the management of community care and of the resources which were necessary to carry out the policy. It suggested that the social dimension of people's long term care in the community was more significant than the medical attention which they received and that the support of family members was usually the concern of the personal social services or voluntary

⁶⁷ *Ibid.*, p. 3.

⁶⁸ *Ibid.*, p. 60

⁶⁹ BASW, 'A BASW Response to Primary Health Care: an Agenda for Discussion', pp. 15-16, January 1987. MRC MSS.378 BASW/2/317.

⁷⁰ *Ibid.*, pp. 18-19.

⁷¹ Griffiths, *Griffiths Report*, p. iii.

organisations rather than the clinical services. The memorandum argued that the personal social services had a stronger tradition than the health services of involving clients in defining their needs and making the arrangements for their future care and argued that ‘...given access to greater resources and a freer hand in framing responses to the problem, social workers and social services departments could be the ‘key agency’ for all the client groups which have need of support in the community’.⁷² It is clear from the memorandum that the principal bodies involved in representing social work were aware of the significance for the work of SSDs in local authorities of changes which the government was planning to introduce.

The Griffiths Report was a succinct document which emphasised the importance of an assessment of individual need being made in each case and for which the local authority should be responsible.⁷³ Recommendations were designed to facilitate the more effective implementation of the closure of long stay hospitals for people with mental health problems, people with learning disabilities, and older people who did not need both medical supervision and nursing care.⁷⁴ It drew attention to the provision of residential and nursing home care with social security funding where no assessment of need took place and recommended that a case manager should be appointed by the social services authority to ‘...oversee the assessment and re-assessment function and manage the resulting action’.⁷⁵ The recommendations were particularly influential in providing the basis of the sections of the NHSCCA 1990 and accompanying documentation which gave local authorities a lead responsibility in carrying out assessments of people’s social needs.

The policy of expanding community care in local authorities highlighted the role of carers, which led to pressure on governments from organisations representing vulnerable people and carers to provide informal carers with support. In 1984 the government announced a £10.5 million programme, designated *Helping the*

⁷² Memorandum from The Professional Associations Parliamentary Support Group to Sir Roy Griffiths, April 1987, p. 9. MRC MSS.378 BASW/2/317.

⁷³ Griffiths, *Griffiths Report*, p. 1.

⁷⁴ *Ibid.*, p. 8.

⁷⁵ *Ibid.*, p. 14.

Community to Care; one part of the programme involved setting up three 'Demonstration Districts for Informal Carers'.⁷⁶ The emphasis in the Disabled Persons (Services, Consultation and Representation) Act 1986 on local authorities' responsibilities for carrying out assessments of the needs of people with disabilities and their carers was addressed in the Griffiths Report which highlighted the importance of providing flexible support to informal carers in a way which sustained their role.⁷⁷ The formal separate assessment of the needs of carers was a significant new development in the responsibilities of local authorities, adding a further dimension to the reach of the assessment function of social workers in local authorities.

Raising the broader issue of the lower status of social work with adult groups of clients, in particular older people as the largest group of clients placed it in the wider context of the development of the emerging social work profession. In drawing attention to the specific practice of decisions made about admission to residential care and the role of social workers in allocating resources, the Audit Commission pointed to the lack of involvement of qualified social workers in work with older people. The critical role of social workers in carrying out assessments with a view to allocating resources was highlighted in the discussion of issues which arose from the policies for community care and expectation that families would take more responsibility for the care of their dependent members. A critique was provided by both the Audit Commission and the BASW in which each organisation emphasised different ways in which the changes could be achieved. Although the Audit Commission acknowledged that professional judgement was involved, that qualified social workers should be more involved in work with adult groups of clients, and that more resources should be provided, it emphasised that the solution lay in managers giving social workers more direction to the focus of their work. Papers and documentation written by the BASW on the other hand argued that the priority should involve the enhancement of the skills and knowledge of social workers. Although the reports of the Audit Commission and the Griffiths Report have been criticised extensively in the social work literature for introducing New Right

⁷⁶ DoH, *Carer Support in the Community* (London, 1991), p. 43.

⁷⁷ Griffiths, *Griffiths Report*, p. 7.

principles of the 'market', to replace the 'welfare' approach of the post-war consensus, they were instrumental in drawing attention to significant limitations in the assessments of the needs of older people in particular by SSDs. A similar conclusion had been reached by earlier social work research and BASW documentation without achieving the same political impact.

Although there were differences of view about the basis on which change should be brought about, recognition of important issues concerning the assessment of needs of older people in government and professional documentation marked a particularly significant stage in the unifying influence of the assessment function towards the coherence of social workers as a single occupational group and emerging profession. Nevertheless, in common with earlier policies for community care and the investigation of child abuse, the substantial involvement of social workers with older people in the early 1990s was brought about by government policy rather than any influence which the profession or local authorities were able to exert.

The identification of the need to raise standards and develop more consistent practice in assessment

The priority which assessment assumed in the second half of the 1970s was reflected in the attention which it received from a range of reviews into the standards of assessment practice during the 1980s. In drawing attention to the standards of practice in assessments it can be concluded that reviewers were of the opinion that the historical development of the assessment function had reached the stage at which social workers could be expected to meet standards identified in the policies of local authorities, training, and guidance produced by the BASW. Reviews carried out by the Social Work Service, researchers and the BASW consistently highlighted the limited depth of assessments and the limited consideration of alternative courses of action by social workers. Nevertheless, it is important to note from a historical perspective, that judgements about what constituted an inadequate standard of practice in the 1980s cannot be directly compared with standards expected or

achieved in the 1960s; government, local authority and professional documentation indicated that expectations in relation to standards had also been raised. It is also important to note that although surveys, inquiries and research usually drew attention to shortcomings in social work practice they frequently made reference to examples of particularly good practice which, if adopted more widely would significantly enhance social work practice as a whole.

Reflecting the absence of assessment criteria which was highlighted in the 1970s, the Social Work Service of the DHSS was particularly active in drawing attention to the shortcomings of the assessment work of social workers. In relation to the admission of older people to residential care a survey found that '[f]ew local authorities had a clearly defined and reasonably objective assessment procedure', with some authorities failing to separate the processes of assessment and allocation, and in some cases giving limited consideration to a social worker's assessment.⁷⁸ The survey drew attention to the poor level of recording, including the lack of adequate information provided to homes about new residents, their attitude and that of their family to residential care, even though the standard of social work practice might otherwise have been good.⁷⁹ Similarly, the Social Work Service report of an inspection into the care of children in London Boroughs found that assessments in which public care was a consideration varied in quality. More competent assessments were produced by intake teams which had developed assessment skills and experienced staff in some long term teams.⁸⁰ Again, although reports which were written for court often provided an excellent assessment, recording of collated assessments on case files was rare.⁸¹

The Social Services Inspectorate continued to express concern about the standard of assessments during the 1980s.⁸² Following the concern which arose from inquiries

⁷⁸ DHSS, Social Work Service, *Residential Care for the Elderly in London* (London, January 1979), pp. 9-10.

⁷⁹ *Ibid.*, p. 10.

⁸⁰ DHSS, *Children in care*, p. 8.

⁸¹ *Ibid.*, pp. 8-9.

⁸² The Social Work Service became the Social Services Inspectorate in 1985.

into a number of deaths of children in the mid-1980s, for example Jasmine Beckford, the Social Services Inspectorate reviewed the arrangements for investigation and assessment of reports of possible child abuse in nine local authorities. It found that in eight of the authorities satisfactory procedures were in place for the purposes of an immediate investigation. However, seven of the authorities did not carry out adequate comprehensive assessments for the purpose of long term planning.⁸³ Summarising its own reports published during the 1980s, the Social Services Inspectorate suggested that although assessment was critical to preventive work it wasn't always possible to confirm from records that a child's needs had been assessed or that alternatives had been considered.⁸⁴

Social work research also drew attention to the limitations of assessments. One of the conclusions of Packman's research into decisions by social workers to admit children into care was that their assessments were sometimes weak in considering alternative sources of help within the family and neighbourhood; she recommended that assessments of families should be made within a wider context.⁸⁵ Goldberg and Connelly asserted that social workers' skills were required in the assessment of complex situations but that they would need to make changes to their roles and tasks if they were to make a more significant contribution to the social care of older people.⁸⁶ Reference was made by Adrian Webb and Gerald Wistow to a number of research studies which questioned whether assessments of the needs of older people had been effective in the allocation of home help, meals on wheels, and residential care provision.⁸⁷ Similarly, Ian Gibbs and Jonathan Bradshaw pointed to studies which claimed that significant numbers of older people had been admitted to local authority residential care unnecessarily.⁸⁸ They suggested that the development of firmer criteria for admission to residential care had been considered unnecessary

⁸³ Social Services Inspectorate, *Inspection of the Supervision of Social Workers in the Assessment and Monitoring of Cases of Child abuse when Children, subject to a Court Order, have been Returned Home* (London, 1986), p. 12.

⁸⁴ Social Services Inspectorate, *A Sense of Direction: Planning in Social Work With Children* (London, 1989), p. 20.

⁸⁵ Packman, *Who needs care?*, pp. 203-4.

⁸⁶ Goldberg and Connelly, *The effectiveness*, pp. 208-9.

⁸⁷ Webb and Wistow, *Social work*, pp. 182-5.

⁸⁸ I. Gibbs and J. Bradshaw, 'Dependency and its relationship to the assessment of care needs of elderly people', *British Journal of Social Work*, 8 (1988), pp. 580-81.

because with long waiting lists social workers had been able to rely on deciding who was in most need at the point of a vacancy becoming available. Moreover, they suggested that if social workers became responsible for restricting admission to private residential care it was likely that conflicts would arise with relatives and the owners of private homes.⁸⁹

Publications of the BASW were available to local authorities, civil servants and politicians to enhance practice and contribute to the development of social policy for assessment. Early in the 1980s it produced guidelines, including assessment guidelines, for social work with people with physical disabilities and older people, two groups of adult clients which assumed a lower priority in the work of SSDs at the time. For example, BASW's guidelines for social work with people with physical disabilities and their families was an extensive document in which it argued that the complexity of factors in making an assessment of the situation of a person made it necessary for the work to be carried out by a qualified social worker.⁹⁰ A section of the report specifically addressed the issues and principles which arose from an assessment at the start of a social worker's involvement in a case. Social workers were expected to address both social and psychological factors and the importance of the work of all professionals being co-ordinated in the care of people with disabilities was highlighted. Pointing out that a referral to a specific service may not be a sufficient exercise of the social worker's role, the importance of enabling a person with physical disabilities and family members to express their feelings about the situation and of understanding the stresses involved was emphasised.⁹¹ A BASW project group found that the situation in which social work with older people was either formally, or by consent within a team, dealt with by social work assistants, unacceptable.⁹² Moreover, it deplored the way in which qualifying courses allowed students to avoid placement work with older people and argued that, particularly as a young profession, social work with older people should

⁸⁹ *Ibid.*, p. 591.

⁹⁰ BASW, 'Guidelines for Social Work with the Disabled, December 1981', p. 30. MRC MSS.378 BASW/2/284.

⁹¹ *Ibid.*, p. 38.

⁹² BASW, 'Services for Elderly People', p. 54, 1980. MRC MSS.378 BASW/2/301.

not continue to be of secondary importance.⁹³ BASW publications were instrumental in contributing to the development of social policy, and the involvement of qualified social workers in carrying out assessments continued to be advocated as a way of raising the standards of assessments.

The heightened level of political and media concern arising from a number of child deaths in the middle of the 1980s resulted in Inquiries being established to review the work of SSDs and other agencies in each case.⁹⁴ Prior to the Inquiries Brian Roycroft had expressed the view that the understanding of child abuse had progressed significantly since the end of the 1960s and that a greater awareness of emotional abuse had begun to take place during the 1970s.⁹⁵ Following the consistent observation made by Inquiry reports that crucial information might have been revealed if an assessment had been more thorough, Brian Corby argued that the implication of the Beckford Report that little had been done since before the Seebohm Report, was contradicted by his own and other research; which indicated that there had been noticeable improvements in the response of agencies and systems to child abuse. He suggested that the improvement had taken place even though the implementation of procedures sometimes had the effect of making adherence to the procedure more important than the standard of the social work itself.⁹⁶

Following the recommendations of the Inquiry reports and the Social Services Inspectorate's own survey in 1986 the DHSS published a Guide to assessment. Drawing on the expertise of a wide range of practitioners, managers and policy makers, detailed guidelines were produced for the comprehensive assessment of the needs of children and young people after the initial investigation of abuse had taken place. The working party was fully aware of concern which was prevalent at the time, that the dominance of detailed procedures had resulted in less attention being given to the '...demanding and complex skills required'. However, it pointed to the

⁹³ *Ibid.*, p. 62.

⁹⁴ For example, London Borough of Brent, *A Child in Trust: Report of the Panel of Inquiry Investigating the the Circumstances Surrounding the Death of Jasmine Beckford* (London, 1985).

⁹⁵ B. Roycroft, 'The biggest form of child abuse is indifference', *Community Care*, May 12 1983, p. 33.

⁹⁶ B. Corby, 'After the Beckford inquiry', *Community Care*, January 16 1986, p. 18.

wide agreement that the more systematic multi-disciplinary approach to child abuse had resulted in more effective work.⁹⁷ To meet concerns about the work of social workers in the process of investigating and managing cases of child abuse the BASW considered it was timely to review its 1975 code of practice about child abuse with the publication of new guidance.⁹⁸

The importance of making a broadly based family assessment was emphasised by the Inquiry which investigated the actions of social workers and other professionals in Cleveland following allegations of widespread sexual abuse. The Cleveland Inquiry found that in acting initially on the medical diagnoses of Dr Higgs, social workers had not carried out a wider assessment.⁹⁹ Prominence was given to the evidence provided by David Jones, General Secretary of the BASW, who emphasised the importance of ‘...the fullest assessment of the family background’.¹⁰⁰ In recommending that Special Assessment Teams should be established in cases of particular difficulty the Inquiry highlighted further the significance which was attached to inter agency collaboration with the purpose of achieving a wider perspective of a problem situation.¹⁰¹ Although the Inquiry reports into child deaths and sexual abuse which took place between 1985 and 1988 were critical of many of the actions and omissions of social workers they nevertheless highlighted the significance of the assessment role of social workers and the importance of resources being directed towards the work of assessment.

The extent to which local authorities relied on residential and hospital rather than community based assessment was increasingly questioned during the 1980s. Expectations that more assessments would be carried out at day care and in people’s own homes were advanced for all groups of clients. A question about whether it was

⁹⁷ DH, *Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment* (London, 1988), p. 3.

⁹⁸ BASW, *Guide to Policy and Practice in the Management of Child Abuse* (1988). MRC MSS.378 BASW2/291.

⁹⁹ Secretary of State for Social Services, *Report of the Inquiry into Child Abuse in Cleveland 1987* (London, 1988), p. 85.

¹⁰⁰ *Ibid.*, p. 214.

¹⁰¹ *Ibid.*, p. 249.

‘absolutely necessary’ for a person to be away from home for an assessment to be carried out was included in standards for work with people with learning disabilities.¹⁰² The expectation also formed part of a consultation document from the North Western Regional Health Authority and included a recommendation that wherever possible a person should be assessed in their natural environment.¹⁰³ Day hospital provision was extended to facilitate the assessment of older people, with the Lancashire County Council Social Services Committee agreeing additional provision for social work support in both day and hospital care provision for assessment with a view to rehabilitation at the Royal Lancaster Infirmary.¹⁰⁴ A similar increase in staffing was agreed for the Blackpool Victoria Hospital at the next meeting of the Social Services Committee.¹⁰⁵ A new hospital, South Shore Hospital Blackpool, was built with a 50 bed geriatric unit and 50 place day unit for assessment with a view to rehabilitation, for which a new post of social worker (geriatric services) was established.¹⁰⁶ The inclusion of the assessment function in both day care for older people and the transfer of people with mental health problems and people with learning disabilities to the community, ensured that the increasing number of hospital based social workers appointed during the 1980s were more involved in making visits to people’s homes and prospective homes than had been the case in the 1950s and 1960s.

A similar trend towards community rather than residential assessment also took place in children’s services. Although the Social Work Service had identified a slight trend away from residential assessment towards day assessment in the late 1970s, with a residential assessment more likely to be sought where it was thought that long term care would be necessary, the Tutt Working Party advised that there was scope for a more significant change.¹⁰⁷ Recognising that field social workers

¹⁰² National Development Group for the Mentally Handicapped, *Improving the Quality of Services for Mentally Handicapped People* (London, 1980), p. 9.

¹⁰³ LCC, SSC, 3rd July 1984, Agenda, ‘North Western Area Health Authority Services for people who are mentally handicapped: services for people with additional special needs (Manchester, January 1984)’, p. 19. LA LCC 2/4/11.

¹⁰⁴ LCC, SSC, 3rd July 1984, Minutes, pp. 4-5, ‘Additional Social Worker Posts’. LA LCC 2/4/11.

¹⁰⁵ LCC, SSC, 11th September 1984, Minutes p. 8, ‘Additional Social Worker Posts’. LA LCC 2/4/11.

¹⁰⁶ LCC, SSC, 23rd October 1984, Minutes pp. 13-14, ‘Social Worker – Geriatric Services’. LA LCC 2/4/11.

¹⁰⁷ DHSS, *Children in care*, p. 10.

carried out assessments for the overwhelming majority of children and young people who were referred to SSDs, its report nevertheless suggested that they often arranged for placement in an Observation and Assessment Centre unnecessarily; because other provision was not immediately available, as an insurance against subsequent criticism or as a way of coping with the problem behaviour of children.¹⁰⁸ The Working Party recommended that non-residential assessment should be expanded, including in foster care, and that children should only be admitted to assessment centres following a conference.¹⁰⁹ A crucial recommendation to facilitate the development of community based assessment was that a child who did not need to be in residential care should not be admitted for a residential assessment.¹¹⁰ The development of community based assessments led to social workers in both area teams and hospitals acquiring more responsibility for co-ordinating social assessments. In transferring some of the work of assessment from residential and hospital care to community based alternatives the role of social workers in carrying out assessments in day care, foster care and in people's own homes enabled them to focus more on an individual client's social environment in both adults and children's services.

The inquiry into residential care carried out by Lady Wagner provided the opportunity for agencies to clarify the reasons for continuing to use residential accommodation for the purpose of assessment. Evidence submitted by the BASW suggested a range of circumstances in which residential assessment was appropriate, including the requirement to assess the behaviour of a child or young person in a different environment, on occasions a secure environment. It suggested that older people or people with physical disabilities may need to experience the use of equipment with a view to it being installed in their home or familiarise themselves with the environment of residential care with a view to it becoming long term.¹¹¹ Re-stating the position taken in *The Social Work Task* the BASW deplored the use of unqualified social workers to make an assessment of people's suitability for residential care, and argued that it should be a joint assessment, take place over a

¹⁰⁸ DHSS, *Observation*, pp. 31-32 and p. 42.

¹⁰⁹ *Ibid.*, p. 38.

¹¹⁰ *Ibid.*, p. 59.

¹¹¹ BASW, 'Evidence to the Review of Residential Care, November 1986', p. 3. MRC MSS.378 2/286.

specified period of time and that it should address a person's physical, social and emotional needs.¹¹² At the point that the recommendations of the Audit Commission were being considered the BASW tellingly pointed out that assessment for residential care of older people was almost exclusively carried out by local authorities.¹¹³

Recommendations about assessment made in the Wagner report pointed to the complexity of the work and the specialist nature of the role where there was a conflict of interest or disability limited choice. Availability of a social worker with training in the assessment of individual needs was considered necessary.¹¹⁴ The report argued that in deciding about compensatory services the assessment should be needs-led even though service providers would have their own eligibility criteria, and in recommending that social workers should have control of financial resources took the view that social workers could be creative in the arrangements which they made for people's care.¹¹⁵

The increasing concern about standards of assessment and heightened expectations that social workers would improve their skills in making assessments were reflected in the attention which departments of social work in academic institutions and authors in other settings gave to the subject of assessment during the 1980s. Models of assessment were suggested in a range of texts which addressed social work with specific client groups. For example, Martin Herbert provided a detailed framework for working with children and their families which drew attention to psycho-social knowledge.¹¹⁶ Alan Butler and Colin Pritchard's model provided for an integrated understanding of a person's intra-psychic functioning and external behaviours.¹¹⁷ Moreover, the increasing number of general social work texts provided an analysis

¹¹² *Ibid.*, pp. 31-32.

¹¹³ *Ibid.*, p. 3.

¹¹⁴ National Institute for Social Work, *Residential Care: A Positive Choice* (London, 1988), p. 28.

¹¹⁵ *Ibid.*, pp. 30-31.

¹¹⁶ M. Herbert, *Working with Children and their Families* (Leicester, 1988), pp. 4-68.

¹¹⁷ A. Butler and C. Pritchard, *Social Work and Mental Illness* (Basingstoke, 1983), pp. 42-61.

of assessment as a stage in the social work process with generic application.¹¹⁸ A Unit of the NSPCC published an account of its therapeutic work which included its planned approach to assessment.¹¹⁹

The success of the increasing number of qualified social workers employed during the 1980s in implementing the policy of community care is found in the expansion of places in various forms of community based facilities. For example, there was approximately a 50% increase in the number of places provided for people with learning disabilities in staffed local authority homes and hostels and an increase from 719 people placed in unstaffed homes in 1978 to 2,840 in 1988.¹²⁰ Day centre places for people with mental health problems, older people and mixed groups of people rose by nearly 50%.¹²¹ The total number of home help staff rose from 46,667 in 1978 to 59,968 in 1988.¹²² The number of children who were placed in observation and assessment centres reduced by nearly half between 1978 and 1988 and the number of children in children's homes, including those with education on the premises reduced significantly.¹²³

The extent of the reviews and research which were carried out into the assessment function of social workers was indicative of the important stage of development which it had reached during the 1980s. Themes which emerged from the reports and documentation included the particular importance of: assessments being carried out by a qualified social worker; identification of the needs of older people; carrying out comprehensive assessments of the needs of children; and extending the non-residential assessment of children, young people and adults in all client groups. The introduction of reviews by the Social Work Service with the objective of improving the standard of the assessment practice of social workers, were particularly

¹¹⁸ For example, D. Howe, *An Introduction to Social Work Theory* (Aldershot, 1987), p. 57, pp. 102-3 and pp. 127-28.

¹¹⁹ P. Dale, M. Davies, T. Morrison, J. Waters, *Dangerous Families: Assessment and Treatment of Child Abuse* (London, 1986), pp. 100-21.

¹²⁰ DH, *Health and personal social services*, p. 113.

¹²¹ *Ibid.*, p. 114.

¹²² *Ibid.*, p. 74.

¹²³ *Ibid.*, p. 116.

significant. They indicated that policies had reached the point at which they provided social workers with an adequate level of guidance to carry out formal and informed assessments. Moreover, where a satisfactory level of assessment had been achieved it was reported.

The development of formal policies for assessment in local authority planning

In response to the increased priority of the assessment function in the 1970s, the joint planning requirements of the National Health Service Reorganisation Act 1973, and to support applications for money through the Joint Finance Initiative, documentation was produced in collaboration between local health and voluntary bodies in relation to adult client groups and children with learning disabilities. In Lancashire the report 'A Service for the Handicapped Child and the Family' produced by the Lancashire Area Health Authority, Lancashire Social Services and Education Departments outlined a process of detection, diagnosis and assessment.¹²⁴ It recommended the appointment of a specialist social worker for child development centres which had been established in Ormskirk, Preston and Blackpool with further centres planned for the other three health districts. Social workers and nursery officers were expected to play a part in diagnosis and assessment together with subsequent work.¹²⁵ A similar report produced by the Lancashire Area Health Authority and Lancashire Social Services about provision for people with physical disabilities recognised that services and communication between different agencies in Lancashire were inadequate and highlighted the central importance of multi-disciplinary assessment.¹²⁶ The amended version of a joint plan for services provided to people with mental health problems similarly emphasised the importance of multi-disciplinary assessment.¹²⁷ Together, the reports ensured that an important

¹²⁴ LCC, SSC, 16th January 1979, Appendix D, 'A Service for the Handicapped Child and the Family', p. 2. LA LCC 2/4/5.

¹²⁵ *Ibid.*, pp. 17-18.

¹²⁶ LCC, SSC, 23rd October 1979, Appendix C, 'A Joint Strategy for the Care and Treatment of Physically Handicapped People', p. 6. LA LCC 2/4/6.

¹²⁷ LCC, SSC, 29th June 1982, Appendix A, 'Services for Mentally Ill Persons: A Joint Strategy Lancashire Social Services Department Lancashire Area Health Authority, Amended June 1982' p. 18. LA LCC 2/4/9.

principle which had emerged during the 1960s was consolidated in multi-disciplinary planning.

Support for multi-disciplinary assessment came from the Association of Directors of Social Services and the BASW. For example, the Association of Directors of Social Services affirmed its full support for the process of joint planning in its report to the House of Commons Social Services Committee of Inquiry into Community Care, asserting that it was an aim of local authority services ‘[t]o develop, in partnership with the Health Service and Voluntary Organisations, the means of identifying and assessing the needs of clients in the community...’.¹²⁸ The BASW similarly advocated, for example, the importance of multi-disciplinary procedures in assessments of children who may have been abused.¹²⁹

Consultation between health and social services led to a convergence of planning for the assessment function involving adult groups of clients and children with learning disabilities but also a clarification of the role of SSD staff in relationship to the work carried out by NHS staff. Inter-agency development of the assessment function therefore contributed to redressing the balance of services provided by SSDs to groups of clients who had previously been afforded a low priority in the work of qualified social workers. A further consequence of a more integrated, multi-disciplinary service between health and the personal social services was the development of specialist social work posts in both hospitals and community based teams. Although that process started to reduce the generic nature of caseloads in the 1980s the development of assessment as a particularly significant function across work with all client groups provided a different form of coherence between social workers with increasing specialist caseloads. Importantly, the written assessment criteria and schedules in the multi-disciplinary documentation continued to provide the basis for introducing some clarification to the respective responsibilities of social services and health staff.

¹²⁸ ADSS, *Community care*, p. 28.

¹²⁹ BASW, *Guide to policy and practice*, p. 22.

During the first half of the 1980s the Lancashire Social Services Committee discussed very few agenda items which concerned the problem of child abuse. The dominance of items about the development of community care for adults and children with learning disabilities was a reflection of the priority which governments gave to the transfer of responsibility for patients from the NHS to the local authorities and, more widely, the impact of government policy on the planning of local authorities. However, in the middle of the decade the situation changed following the publication of Inquiries into child deaths. The Lancashire Advisory Sub-committee for Child Care noted that recent government documentation, including the inquiry into the death of Jasmine Beckford, a draft DHSS circular and the Social Services Inspectorate review of nine local authorities, had all referred to the need for a ‘...full and comprehensive assessment of all cases of child abuse’.¹³⁰ Having noted that there had been an increase in referrals for investigation of child abuse from 305 in 1984/85 to 504 in 1985/86 the Social Services Committee took the view that the appointment of specialist social workers to carry out the detailed assessment and treatment which was required would be desirable.¹³¹ A growth estimate was put forward for the year 1987/88 of 28 social workers following which agreement was given for nine additional posts to ‘...undertake the detailed assessment/treatment of the more dangerous child abuse cases...’.¹³² The Committee also noted the concern reported in a draft Circular ‘Working Together’ that the proliferation of child abuse procedures and strict adherence to them could result in compliance becoming more significant than the objectives of an investigation.¹³³

A further report to the Lancashire County Council Social Services Committee in 1988 highlighted the significance of changes in the investigation of child abuse which had taken place over the decade. It outlined the changing relationship with

¹³⁰ LCC, SSC, 23rd September 1986, Minutes of the Advisory Sub-Committee for Child Care 8th September 1986, p. 3, ‘A Review of Practice and arrangements for Managing Child Abuse’. LA LCC 2/4/13.

¹³¹ LCC, SSC, 18th November 1986, Agenda pp. 38-39 and Minutes p. 15, ‘Specialist Social Workers: Child Abuse’. LA LCC 2/4/13.

¹³² LCC, SSC, 30th June 1987, Agenda item 25 and Minutes p. 12, ‘Child Abuse-Additional Social Worker Posts and Clerical support’. LA LCC 2/4/14.

¹³³ LCC, SSC, 23rd September 1986, Minutes of the Advisory Sub-Committee for Children 8th September 1986, p. 4, ‘Child Abuse-Working Together – Draft Circular Comments’. LA LCC 2/4/13.

the NSPCC, noting that since 1983 the SSD had undertaken more investigations both in absolute numbers and as a proportion of the cases investigated by the SSD and NSPCC. Since 1985 that trend had become more marked following a reorganisation of the NSPCC and a refocusing of its work towards therapeutic interventions in certain areas. The report noted that cases were still taken by the NSPCC in Preston and Blackburn but in all other areas of the County, following an agreement in 1985, cases were dealt with by the SSD; resulting in the local authority taking over the primary statutory responsibility for the investigation of child abuse.¹³⁴

A further important stage in the development of a planned and more coherent approach to the work of social assessment was reached in the middle of the 1980s. Having contributed to joint policies, evidence from Lancashire County Council, Liverpool City Council and the County of Avon suggests that local authorities engaged in a process of reviewing and consolidating policies for the development of the wider range of services for children and adults which they had become responsible for since the establishing of SSDs. This was partly influenced by the increasing number of social work posts which became the full responsibility of SSDs following the elapse of Joint Finance Initiative funding after three years. Lancashire County Council, along with other local authorities in the north-west expressed dissatisfaction with some aspects of the North West Regional Health Authority plan for community based services for people with a learning disability. The Council took the opportunity to explain that it had a different emphasis to the health bodies. For example, in 'A Lancashire Social Services Strategy for Mentally Handicapped People', the Council approved its own policy document for the care of people with learning disabilities and established the principles on which the local authority's own work would be based. It confirmed that services would be based on an individual assessment, and in a statement which was intended to give a different emphasis to earlier joint policy documents, would prioritise a person's capabilities rather than on their dependency.¹³⁵ Similarly, in a consultation paper, Directors of Social Services in Greater Manchester and Lancashire expressed concern that the principles on

¹³⁴ LCC, SSC, 28th June 1988, Minutes of the Advisory Sub Committee for Child Care, 6th June 1988, pp. 2-3, 'The Changing Role of the NSPCC in Lancashire'. LA LCC 2/4/15.

¹³⁵ LCC, SSC, 19th November 1985, Agenda p. 8 and Minutes p. 6, Appendix B, 'A Lancashire Social Services Strategy for Mentally Handicapped People, October 1985'. LA LCC 2/4/12.

which a North West Regional Health Authority community care plan for people with a mental illness were based, reflected a medical model of care and that the work of local authorities in meeting people's social needs should be regarded as being equally important.¹³⁶

The work, including assessment, of the SSD with other groups of clients also became the subject of Lancashire County Council policy statements. The Social Services Advisory Sub-Committee for Adult Services asked for a report about the resource and practice implications, including for 'assessment facilities', arising from the Disabled Persons Act 1986 following which an extensive policy document relating to work with people with physical disabilities and who were sensory impaired was subsequently written.¹³⁷ A policy for mental health services and Policy Statement for Elderly People, both of which addressed assessment issues, were recommended to the Social Services Committee.¹³⁸ Similarly, a comprehensive policy for children and their families was adopted by the Social Services Committee in September 1989 which emphasised the making of a thorough assessment involving both the child and family and included the objective of reducing the use of Observation and Assessment Centres by increasing the number of assessments carried out in the homes of children and young people.¹³⁹

A further wide ranging report in 1987 reviewed the hospital social work service of the SSD in Lancashire. It pointed out that after local authorities became responsible for the employment of social workers in hospitals in 1974, there were 74.5 social workers employed in 1975, of which 35 were in hospitals and units which cared for

¹³⁶ LCC, SSC, 25th March 1986, Agenda Appendix C, 'A Framework for Services for Mentally Ill People, December 1985'. LA LCC 2/4/12.

¹³⁷ LCC, SSC, 12 May 1987, Minutes, p. 5, 'Proceedings of the Advisory Sub-Committee for Adult Services, 13th April 1987'. LA LCC 2/4/14; LCC, SSC, 20th September 1988, Minutes of the Advisory Sub-Committee for Adult Services, 5th September 1988, 'Draft Policy Statement: Services for Physically and Sensory Disabled People 'Towards Independence'. LA 2/4/15.

¹³⁸ LCC, SSC, 21st November 1988, Minutes of the Advisory Sub-Committee for Adult Services, 24th October 1988, 'New Futures' a policy statement for mental health services'; Part 1 of the Advisory Sub-Committee for the Elderly 30th August 1988. LA LCC 2/4/15.

¹³⁹ LCC, SSC, 19th September 1989, Minutes pp. 1-2, Appendix A, 'Child Care and Family Policy'. LA LCC 2/4/16.

people with mental health problems and learning disabilities. In December 1985 the numbers had grown to 164 social workers, of which 89.5 were in general and geriatric services and 74.5 in hospitals and units which cared for people with mental health problems and learning disabilities.¹⁴⁰ The functions of social workers, many of whom were able to specialise, were said to include the provision of a social assessment where that might assist a medical diagnosis and treatment and making a ‘...thorough assessment of all aspects of a problem...’. Moreover, in contrast to much of the practice in the 1950s and 1960s social workers visited patients in their homes following discharge.¹⁴¹ Reflecting the attention which the Audit Commission had given to the work of SSDs in the mid-1980s with older people in particular, a policy statement for work with older people was also agreed; the new Sub-Committee which had been formed to address issues concerning older people considered that the strengthened assessment procedures would be particularly beneficial.¹⁴² A comprehensive policy document for the SSD’s work with older people which followed in 1988 included assessment as the first key task and addressed issues related to the admission of older people to residential care.¹⁴³

The expansion of services in the community which had taken place since the early 1960s and which formed an important part of the wider policy of community care continued during the 1980s, providing an increasing range of options for social workers to consider as part of their assessments. In Lancashire County Council they included, for example: the development of programmes of intermediate treatment for young people¹⁴⁴; a boarding out programme for older people in two experimental areas¹⁴⁵; an extension of boarding out for people with mental health problems¹⁴⁶; and an expansion of the scheme which commenced in 1976 for the recruitment of

¹⁴⁰ LCC, SSC, 28th September 1987, Agenda, ‘Hospital Social Work – Social Work Support to General and Geriatric Hospitals’ p. 2, Annex 1 to Appendix B. LA LCC 2/4/14.

¹⁴¹ *Ibid.*, p. 8.

¹⁴² LCC, SSC, 23rd November 1987, Minutes of the Advisory Sub-Committee for the Elderly, 2nd November 1987, Annex ‘Draft Policy Statement – Services for Elderly People’. LA LCC 2/4/14.

¹⁴³ LCC, SSC, 20th September 1988, Minutes of the Advisory Sub-Committee for the Elderly, 30th August 1988, Appendix A ‘Statement of Policy for Elderly People’. LA LCC 2/4/15.

¹⁴⁴ LCC, SSC, 1st December 1981, Agenda, pp. 25-27 ‘The Development of Delinquency Services in the Community in Lancashire’ and Minutes pp. 7-8. LA LCC 2/4/8.

¹⁴⁵ LCC, SSC, 17th January 1984, Agenda, p. 6 and Minutes p. 4. LA LCC 2/4/10.

¹⁴⁶ LCC, SSC, 3rd July 1984, Minutes p.8. LA LCC 2/4/ 11.

specialist foster carers who would care for children with more serious physical or learning disabilities.¹⁴⁷ Moreover, there were indications in the mid-1980s that assessments were expected to be more thorough than had previously been the case, reflecting expectations by governments of increased effectiveness. For example, local authorities were reminded in a DHSS Circular that courts would expect a particularly thorough investigation of all of the circumstances of cases being considered for new Custodianship orders.¹⁴⁸ Interviewing and assessment of all patients was one of the duties of a social worker appointed to the psychiatric unit of Blackpool Victoria Hospital.¹⁴⁹ The appointment of a family placement officer for the boarding out of people with learning disabilities required the post holder to be responsible for the matching of client and carer.¹⁵⁰ Lancashire County Council devised a questionnaire for use by social workers in making decisions about the resettlement of patients from hospitals which cared for people with mental health problems as a more standardised and improved approach to the policy of community care, with the expectation of providing data towards further planning.¹⁵¹

Policy documentation written by officers of Lancashire County Council was clearly based on priorities which had been established in the development of national social policy. Although it has not been possible to access client files to establish the actual content of individual case assessments, the significant increase in the number of social workers employed by Lancashire County Council, reflecting the national increase, facilitated the Council in meeting both an increase in the number and standard of assessments which had been called for throughout the 1980s. Moreover, the assessment function, including the similar principles on which it was based, was prominent in policy statements for all the principal client groups, providing an increasingly coherent approach to the planning of the assessment function of social workers in local authorities. In differentiating the work of an SSD from health provision, Lancashire County Council policy documentation consistently asserted

¹⁴⁷ LCC, SSC, 19th November 1985, Agenda p. 55 and Minutes p. 20. LA LCC 2/4/12.

¹⁴⁸ LCC, SSC, 1st October 1985, Agenda pp. 14-15 and Minutes pp. 8-9. LA LCC 2/4/12.

¹⁴⁹ LCC, SSC, 21st January 1986, Agenda p. 36 and Minutes p. 21. LA LCC 2/4/12.

¹⁵⁰ LCC, SSC, 25th March 1986, Agenda p. 56 and Minutes p. 26. LA LCC 2/4/12.

¹⁵¹ LCC, SSC, 23rd November 1987, Agenda, Appendix A, Advisory Sub-Committee for Adult Services, 26th October 1987, p. 3. LA 2/4/14.

that it addressed principles of care, individual need, social networks, emotional needs, family and carers' needs, addressed risk, and aimed to reduce dependency. The work of significantly increased numbers of hospital social workers involved more contact with the homes of children, young people and adults with their role, and that of field social workers, being clearly influenced by the policies of community care and support for families. A key task in the establishment of new social work posts in hospitals was the assessment of individuals with a view to them being placed in the community.

Liverpool City Council and the County of Avon similarly embarked on a process of reviewing their services and writing their own policy documents for each of the principal client groups from the mid-1980s onwards. Important influences of the policy of community care and of the Disabled Persons Act 1986 were evident in Liverpool City Council's decision in 1987 to start with a review of their policy for people with a physical disability followed by the initiation of policy reviews for other adult groups of clients, for example older people in August 1988, and to formulate policy documents.¹⁵² As in the case of Lancashire County Council, the process of writing policy documents fulfilled the purpose of identifying the services which it provided itself rather than jointly with health bodies, and the principles on which its own policies rather than joint policies with health agencies were based. In anticipation of the implementation of the Children Act 1989 the Director of Social Services was asked to write a policy document for work with children and families.¹⁵³

Within all of the policy documents the social work function of assessment was addressed. For example, the Development Review Sub-Committee noted that most district offices operated an intake team which dealt initially with all referrals. The

¹⁵² Liverpool City Council, Social Services Committee, Development Review Sub-Committee, 26th September 1988, 'Review of Services for People with a Physical Disability', p. 2. Liverpool Record Office, 352 MIN SOC/1/22C; Liverpool Social Services Committee, Development Review Sub-Committee, 25th July 1989, 'Review of Services for Older People', p. 5. Liverpool Record Office, 352 MIN SOC/1/22C.

¹⁵³ Liverpool City Council, Social Services Committee, Development Review Sub-Committee, 23rd March 1989. Liverpool Record Office, 352 MIN SOC/1/22C.

committee was advised that referrals of people with a disability went to occupational therapists and agreed that the implementation of the Disabled Persons Act 1986 would require specialist social workers to be appointed.¹⁵⁴ In the 'Review of Services for Older People' it was reported to the Committee that referrals of older people were dealt with by a home care worker, occupational therapist or social worker depending on the initial apparent need, but that the Department was not very good at subsequent cross referrals. The review identified the need for a specialist team to enhance the Council's work with older people.¹⁵⁵ A report which reviewed the development of services to children and their families noted that there was scope for assessments to further reduce the number of children and young people in residential care and increase the number in foster care. Indeed, in a proposal which was consistent with the Tutt Working Party report, it was suggested that foster care could be expanded to include assessment of parenting ability, emotional damage, and the needs of teenagers entering care.¹⁵⁶

The County of Avon carried out a review of its own policy for people with a learning disability and published a document 'A Life of my Own' in 1985.¹⁵⁷ It was followed by further reviews of policy and documentation for the County's policies for older people 'A Chance to Choose' and people with physical disabilities.¹⁵⁸ In common with Lancashire County Council and Liverpool City Council the County of Avon planned to increase its use of foster care for children as an alternative to residential care.¹⁵⁹

¹⁵⁴ Liverpool City Council, Social Services Committee, Development Review Sub-Committee 26th September 1988, 'Review of Services for People with a Physical Disability', p. 10 and p. 19. Liverpool Record Office, 352 MIN SOC/23C.

¹⁵⁵ Liverpool City Council, Social Services Committee, Development Review Sub-Committee, 25th July 1989, 'Review of Services for Older People', pp. 18-19. Liverpool Record Office, 352 MIN SOC/1/22C.

¹⁵⁶ Liverpool City Council, Social Services Committee, Development Review Sub-Committee, 30th August 1989, 'Strategy for the Development of Services for Children and Families', p. 11. Liverpool Record Office, 352 MIN SOC/1/22C.

¹⁵⁷ County of Avon, Social Services Committee, Social Services Policy Advisory Sub-Committee, 1st July 1988. BRO ACC 25239/1618.

¹⁵⁸ County of Avon, Social Services Committee, Social Services Policy Advisory Sub-Committee, 27th June 1988. BRO ACC 25239/1618.

¹⁵⁹ County of Avon, Social Services Committee, Policy and Service Review Sub-Committee, 28th November 1988. BRO ACC 25239/1645.

The policy reviews by local authorities in the second half of the 1980s were conducted on the basis of individual client groups, clearly indicating the extent to which work with different groups of clients continued to be carried out separately. In drawing attention to the wider range of services which should be accessed and highlighting the importance of meeting individual needs, local authority policy documentation addressed the significance of the assessment function of social workers. The reviews appear to have taken place in response to recommendations which emerged from government reviews of community care and children's policy in the mid-1980s.¹⁶⁰ Importantly, the new policy documentation marked the increasing confidence of SSDs in being able to clearly establish the increasing range of work for which they were responsible.

The policy documents which local authorities produced from the mid-1980s onwards to describe their own provision and meet concerns about the standard of assessments were complemented by material which emanated at a national level from the government and the BASW. The publication of *Protecting Children* by the DH in 1988 provided comprehensive guidance to social workers in carrying out assessments when long term support was envisaged.¹⁶¹ The documentation produced by the BASW was increasingly confident in asserting the ways in which the social work perspective on social problems should be applied to assessment and treatment to complement the medical perspective. For example, the BASW response to the green paper *Primary Health Care: An Agenda for Discussion* was emphatic in highlighting the value of a broader approach to understanding ways in which people's health needs could be met, other than from a purely medical perspective.¹⁶²

The development by local authorities of planning for both inter-disciplinary working and their own provision was influential in the change which started to take place from the late 1970s onwards in which social workers were organised in specialist

¹⁶⁰ For example the work of the House of Commons Social Services Committee and the Audit Commission.

¹⁶¹ DH, *Protecting children*.

¹⁶² BASW, 'A BASW Response to Primary Health Care: an Agenda for Discussion', p. 1, January 1987. MRC MSS.378 BASW/2/317.

rather than generic teams. One of the reasons for the change was that social workers were liaising with staff in the health, education and criminal justice settings who were in specialist roles. Social workers frequently found that their specialist knowledge was limited. For example, the Tutt Working Party drew attention to the situation of social workers who were involved in making inter-disciplinary assessments in situations where they were significantly less qualified and experienced than, for example, psychiatrists, psychologists, and senior teachers.¹⁶³ An early level of specialisation by Lancashire County Council started to take place with the appointment of eight social workers to community mental handicap teams, a social worker to the geriatric department at Blackburn hospital, a senior social worker to the Blackburn child and family psychiatric unit, and a forensic social worker to the secure unit at Whittingham Hospital.¹⁶⁴ At the same time as the extension of specialisation took place the opportunity was also taken to introduce intake teams in which social workers were able to focus on their role in assessment. For example, the Blackburn district of Lancashire County Council formed an intake and short term support team for adult clients, a long term team for adult clients, and a Family Services Group which included work with children.¹⁶⁵ It was recommended that three social workers should be appointed to work specifically with older people with severe mental health problems.¹⁶⁶ Birmingham City Council carried out a major restructuring of its social work teams which involved the establishing of general service teams which carried out most initial assessment work and specialist teams which dealt with longer term work. The core tasks of the teams were explicit about the assessment functions in each team.¹⁶⁷

Although the development of specialisation could be interpreted as fragmenting the emerging social work profession, the higher status, preferred choice of social workers and priority in social work training of work with children and families, had maintained the lower status of social work in local authorities with adult groups of

¹⁶³ DHSS, *Observation and assessment*, p. 18.

¹⁶⁴ LCC, SSC, 8th September 1981, Minutes, p. 10 and Agenda Appendix F. LA LCC 2/4/8.

¹⁶⁵ LCC, SSC, 1st October 1985, Agenda pp. 32-3 and Minutes p. 13 'Staff Establishment – Blackburn District Team'. LA LCC 2/4/12.

¹⁶⁶ LCC, SSC, 24th May 1983, Agenda, p. 26. LA LCC 2/4/10.

¹⁶⁷ Birmingham City Council, 'Remit of Social Work Teams A Definition of Core Tasks', 23rd November 1983. MRC MSS.378 BASW/2/285.

clients. However, the development of specialist experience with a single client group enhanced the knowledge and skills of social workers and enabled them to make a more effective contribution to multi-disciplinary working, including the assessment of social needs. In their policies for individual client groups local authorities contributed to the unifying influence of the assessment function by ensuring that it was accorded a similar priority in all of their documentation.

From the mid-1980s onwards therefore, where local authorities reviewed their policies for individual client groups and wrote policies for their own separate service provision, assessment formed a significant part of the documentation. Details of the principles on which their approach to making assessment were based were included, together with an outline of the procedures which were involved and a brief description of the services available. The growing confidence of SSDs in asserting their own role in work with clients provided the basis for the Conservative government to specify the lead responsibility of SSDs in carrying out investigations of child abuse and assessments of need under the Children Act 1989 and assessments of needs under the NHSCCA 1990. The strategic review of policies for assessment of the social needs of all client groups was a key development in clarifying the more exact nature of the work of SSDs in relation to health services, within the context of community care policy and support to families in particular. Clarification of the function of assessment therefore contributed to the continuing differentiation of social work from health services; reinforcing the assertions which had been made in particular by qualified social workers and Children's Officers in the 1950s about their responsibility for meeting the social and emotional needs of children, young people, and adults.

Conclusion

The development of the assessment role of social workers in local authorities was critical to Conservative governments' policies for community care between 1979 and 1988. In particular the key role social workers had in determining the use of

resources, of identifying alternative forms of care and support by SSDs following the closure and reduction in size of institutions and residential homes. The importance of the work of local authorities in becoming responsible for clients who would otherwise have been the responsibility of the NHS meant that some resources were transferred and that some aspects of New Right political theory were mitigated in their application to the personal social services. Nevertheless, the recommendation of the Griffiths Report that local authorities should re-orientate their work towards an enabling role met one of the key planks of New Right political theory, that the direct provision of social care by SSDs should be reduced.

Local authorities engaged in a process of putting in place the systems and highlighting the principles which would facilitate a more informed approach to the implementation of assessment, for which increased numbers of social workers continued to be appointed. Surveys, research and inquiries drew attention to ways in which the implementation of assessments could be enhanced, drawing on examples of good practice which were encountered. The introduction of reviews by the Social Work Service provided a clear indication that assessment criteria, guidance and policies were regarded as having reached a satisfactory stage of development in at least some local authorities against which the work of social workers could be evaluated. Of particular significance for social work as an emerging single profession, and assessment as a unifying influence on its development, was the way in which local authority and BASW documentation addressed social work practice with all groups of clients on the basis of the same principles. Nevertheless, social work with older people continued to be carried out mainly by unqualified staff, a situation which was examined and thought to be unsatisfactory by the Audit Commission and Griffiths Report. In their own reviews of their assessment policies for adult clients some local authorities and the BASW concluded that qualified social workers should be more involved in the process.

A further significant stage in the development of the assessment function of social workers in local authorities came in the second half of the 1980s, with formal recognition in the policy documentation of local authorities that the needs of parents

and carers should be addressed as an integral part of meeting the needs of individual clients. The parliamentary debates which referred explicitly to the assessment work of social workers during the passage of the Disabled Persons Bill and the provisions of the Disabled Persons Act 1986 were particularly influential in highlighting significant dimensions of the assessment function.

Chapter 8: The consolidation of the assessment role of social workers in legislation and in the policies and practices of local authorities, 1988-1993

The increasing importance which the work of assessment assumed in the planning of the personal social services during the 1980s meant that the legal responsibilities of SSDs could be extended. Towards the end of the 1980s the Conservative government planned legislation and guidance which formalised a lead role for local authorities in carrying out assessments in children's and adults services and in the investigation of child abuse. In the development of social policy for community care and support to individuals, carers and families, the function of assessment assumed a significant place in the Children Act 1989, NHSCCA 1990, and accompanying guidance.

This chapter evaluates the way in which the consolidation of social policy and practice for assessment provided an opportunity for social work to enhance its professional status and identity. Government documentation which supported the legislation is analysed and the similar principles of assessment practice in work with both children and adults are highlighted. The chapter concludes by pointing to the way that the development of the assessment function with adults enhanced the professionalisation of social work with adult groups of clients, in particular older people. It argues that interpretations of the impact of the Children Act 1989 and NHSCCA 1990 which assert that their provisions led to a fragmentation of social work have overlooked the extent of the continuing divisions within social work during the 1970s and 1980s and the unifying influence which the assessment function had on social work as an emerging single profession from the 1960s onwards.

The prominence of assessment in legislation for adults and children

Opening the Third Reading of the NHS and Community Care Bill Kenneth Clarke, Secretary of State for Social Services, announced that the existing responsibilities and expertise of local authorities in assessment would be built on. Local authorities would be expected to develop multi-disciplinary assessment procedures through collaboration with health services and would be responsible for assessing the needs of people who previously might have entered private or voluntary homes without a formal assessment.¹ Replying for the Opposition Robin Cook MP congratulated the Secretary of State for persuading the Prime Minister to follow the recommendation of the Griffiths Report in deciding that the local authority would be the agency to develop community care.² Andrew Rowe, Conservative MP, went as far as suggesting that collaboration between local authorities and the health service in assessment was ‘the central pivot’ of the proposed arrangements.³ When Margaret Ewing, Scottish Nationalist MP, pointed out that the work of assessment required an increased number of professionally trained social workers the Secretary of State agreed and drew attention to a specific grant which was available to improve training in the care of older people.⁴ The key part of the NHSCCA 1990 relevant to assessment was Section 47 which introduced a right to an assessment of need for people who the local authority considered might be in need of services.⁵ Implementation of the legislation was delayed until 1st April 1993 to enable local authorities to plan for the community care reforms.

Parliamentary debates during the passage of the Children Bill also emphasised the importance of the assessment function, referring specifically and regularly to the work of social workers as well as the responsibilities of local authorities in more general terms. In moving that the Children Bill be read for a Second time, David Mellor, Minister of State at the Department of Health, suggested that the local

¹ Hansard, Volume 156, 12 July 1989, c.977.

² *Ibid.*, c.979.

³ *Ibid.*, c.994-5.

⁴ *Ibid.*, c.989

⁵ National Health Service and Community Care Act 1990 s.47.

authority's duty to investigate cases which involved the possibility of significant harm to children was stated more positively than had previously been the case.⁶ Tom Clarke MP drew attention to the importance of supporting families and lamented the fact that governments had avoided the provision of clear instructions about the basis on which to assess the needs of a family, throughout a decade in which poverty had increased.⁷ The direct experience of MPs in social welfare work was referred to in some of their contributions to the debates. For example, Roger Sims, Conservative MP, who referred to his experience as chairman of a juvenile court and as an executive board member of the NSPCC, addressed the importance of having 'correct mechanisms' for making an assessment of the best setting for a child's care.⁸ When Parliament considered proposals related to the desirability of introducing a separate assessment order, the Minister of State referred to the concerns about assessment as '...the heart of the Bill...'.⁹

There was widespread agreement in the literature which discussed the implementation of the Children Act 1989 and NHSCCA 1990 that their provisions enhanced the assessment function within local authorities. For example, Jane Lewis and Howard Glennerster went as far as suggesting that the emphasis given to assessment and case management in the community care reforms was a new objective of policy.¹⁰ Wistow and others pointed to the priority which the Department of Health (DH) gave to the implementation of the assessment provisions of the legislation and guidance.¹¹ In relation to children Parton highlighted the increased priority of investigation and assessment in the Children Act 1989.¹²

The literature has also drawn attention to the way in which the legislation and its accompanying guidance expressed some coherence in the development of social

⁶ Hansard, Volume 151, 27 April 1989, c.1117.

⁷ *Ibid.*, c.1126.

⁸ *Ibid.*, c.1148-9.

⁹ Hansard, Volume 158, 23 October 1989, c.599.

¹⁰ J. Lewis and H. Glennerster, *Implementing the New Community Care* (London, 1996), p. 8.

¹¹ G. Wistow, and others, *Social Care Markets* (Buckingham 1996), p. 13. The Department of Health was created in 1988 when the responsibilities of the former DHSS were redistributed.

¹² N. Parton, *Governing the Family: Child Care, Child Protection and the State* (Basingstoke, 1991), pp. 176-90.

policies for community care and for the relationship of the family to the state. The influence of the New Right political ideology on the policies of governments during the 1980s to reduce the role of the state and enhance the responsibilities of families, were reflected in the provisions of the Children Act 1989. Richard White, Paul Carr and Nigel Lowe stated that as a new concept ‘parental responsibility’ emphasised that parents were responsible for their children rather than the state and that where the state acquired legal duties towards a child it shared that responsibility with parents and worked in partnership with them.¹³ More widely, Harry Hendrick argued that the Act ‘...sought to promote a certain set of attitudes towards and expectations of the family’.¹⁴ Similarly, Alan Walker pointed out that the reforms brought about by the NHSCCA 1990 represented a culmination of policy discussions which had taken place during the 1980s. Within a decade of the passing of the Act Vicky White and John Harris concluded that it ‘...transformed community care from a vague and disparate aspiration into a specific policy direction and a distinctive set of practices’.¹⁵ The development of government policies for the family and community care therefore introduced some clarification into the role of social workers to which the function of assessment contributed.

In a third area where there was a lack of definition in social policy with which social work and the assessment function in particular were associated, the identification of social needs, the introduction of the community care and Children Act reforms brought about a more detailed analysis of needs by some local authorities. For example, the County of Avon produced reports which clarified a range of issues relating to the assessment of needs, focussing on its policy of ‘greatest need’.¹⁶

Legislation prompted the continuing construction of models for assessment with individual client groups. For example, in support of the implementation of the

¹³ R. White, P. Carr and N. Lowe, *The Children Act in Practice*, 2nd edn (London, 1995), p. 34.

¹⁴ H. Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debates* (Bristol, 2003), p. 203.

¹⁵ V. White and J. Harris, *Developing Good Practice in Community Care: Partnership and Participation* (London, 2001), p. 14.

¹⁶ County of Avon, Social Services Committee, Policy Advisory Sub-Committee, 26th February 1991, Appendix A, ‘Those with Greatest Need – Issues for Consideration’ and Appendix B, ‘A Commentary on Greatest Need’. BRO ACC 25239/1621.

Mental Health Act 1983 Michael Sheppard concluded that the assessment schedule which he devised had significant benefits.¹⁷ Noting that the NHSCCA 1990 placed a responsibility on local authorities to carry out a comprehensive assessment of older people and suggesting that there had been little discussion about the principles involved, Beverley Hughes constructed a model for a comprehensive assessment for cases which required one.¹⁸ Both models made provision for an assessment of the needs of carers, a clear recognition that the reach of social assessments should extend beyond the needs of individual clients; meeting an expectation raised in government documentation that more complex issues within families would be addressed.

The codification and coherence of principles and skills of assessment in government documentation for adults and children

The documentation produced by the DH to support the implementation of the Children Act 1989 and NHSCCA 1990 identified local authorities as the lead agency in the development of assessments. Local authorities were invited to contribute their best practice to the documentation, which was unprecedented in the detail of its expectations of social workers in their assessment practice. Guidance in assessment work with adults covered all service user groups, evidencing the way in which a coherent and common approach to assessment had evolved. The lead responsibility of local authorities for the assessment of adults' needs was anticipated in the White Paper which outlined government plans for community care prior to legislation being passed. Using language about enabling people to live in their own home, which had continued in regular use since the 1950s, it asserted that making a 'proper assessment of need' and considering the needs of 'caring family, friends and neighbours' were key objectives of the planned reforms.¹⁹ Moreover, the government expected that social workers and social service staff would be the principal group of staff which

¹⁷ M. Sheppard, 'Theory for Approved Social Work: the Use of the Compulsory Admissions Assessment Schedule', *British Journal of Social Work*, 23 (1993), p. 231.

¹⁸ B. Hughes, 'A Model for the Comprehensive Assessment of Older People and Their Carers', *British Journal of Social Work*, 23 (1993), pp. 345-46.

¹⁹ DH, *Caring for People: Community Care in the Next Decade and Beyond* (London, November 1989), pp. 5-6.

would be responsible for care management tasks.²⁰ Similarly, prior to the Children Act 1989 the central role of social workers in relation to the investigation of child abuse had been established in *Protecting Children*.²¹

After the NHSCCA 1990 had been passed the DH provided a very detailed analysis of how an assessment should be carried out.²² In arguing that the roles of assessment and service provision should be separated in most cases it claimed that a stronger advocacy and representation role would provide an advantage to previously disadvantaged groups such as black and minority ethnic communities.²³ Further direction about the consequences which the enhancement of the assessment role would have for the staffing of a SSD stated that it should be carried out by a range of staff which would be specifically qualified and trained to assess needs at ‘...differing levels of severity and complexity’.²⁴ In directing that local authorities should, in most circumstances, provide for the roles of assessment and service provision to be carried out by different personnel, the government was reinforcing the development of local authorities as enablers, and agencies in the private and voluntary sector as providers. However, local authority Directors of Social Services expressed uncertainty about the merits of the change and their capacity to reorganise their SSDs. Although the strengths of the existing system were acknowledged and suggestions made about how they could be retained the government’s approach was nevertheless supported by advice from the management consultants Price Waterhouse. Its publication reinforced the earlier concerns of the Audit Commission regarding the weaknesses arising from assessments being carried out by service providers, for example home care organisers and occupational therapists.²⁵

An examination of three government documents which were issued to support the implementation of the Children Act 1989 and NHSCCA 1990 demonstrates that they

²⁰ DH, and others, *Care Management and Assessment: Practitioners’ Guide* (London, 1991), p. 25.

²¹ DH, *Protecting children*, p. 17.

²² DH, *Care management...practitioners’*.

²³ *Ibid.*, p. 17.

²⁴ DH, and others, *Care Management and Assessment: Managers’ Guide* (London, 1991), p. 45.

²⁵ DH and Price Waterhouse, *Implementing Community Care: Purchaser, Commissioner and Provider Roles* (London, April 1991), p. 34.

provided for a similar central and co-ordinating role for social workers in carrying out assessments.²⁶ In relation to children the ‘...responsibility for co-ordinating and providing services to children in need’ was identified as the principal responsibility of local authorities.²⁷ Regarding adults, attention was drawn to the statutory duty of local authorities to ‘...co-ordinate arrangements for assessing community care needs on an inter-agency basis by April 1993’.²⁸ Reforms brought about by the community care and Children Act legislation led to further specialisation including, for example, social work with older people and children with disabilities. Nevertheless, the similar roles which can be identified in the legislation and government documentation should be regarded as consolidating the assessment function of social workers across work with all client groups rather than contributing to the fragmentation of the roles and tasks of social workers in government policy.

Further, the documents were based on similar principles even though different language was often used. They pointed to the way in which, where possible, the care of people should take place within their own home or family and that careful consideration should be given to parents’ and carers’ capacity to continue caring and the support which they may need. In this way the legislation underpinned the on-going wider policies of community care and support for families. Indeed, it was suggested that the emphasis in the Children Act 1989 on support to families represented a new direction for children’s services.²⁹ In the assessment of individual need, local authorities were required to identify the strengths and abilities of parents and introduce services which could impact on the difficulties which they experienced, support which could avoid the admission of children to long term care.³⁰ Where carer stress in adult services was a factor the need for preventive intervention was addressed.³¹ The enhanced focus on support being provided directly to carers to enable children, young people and adults to remain in their own

²⁶ DH, *Care management...practitioners’*; DH, *The Children Act 1989 Guidance and Regulations: Volume 2 Family Support, Day Care and Educational Provision for Young Children* (London, 1991); DH, *The Care of Children: Principles and Practice in Regulations and Guidance* (London, 1991).

²⁷ DH, CA 89, *The Children Act 1989 guidance... volume 2*, p. 3.

²⁸ DH, *Care management...practitioners’*, p. 19.

²⁹ DH, *The Children Act 1989 guidance...volume 2*, p. 3.

³⁰ *Ibid.*, p. 6 and p. 8.

³¹ DH, *Care management...practitioners’*, p. 55.

homes and to retain contact with them if they were placed in residential care, represented a further significant extension of the assessment function of social workers in social policy.

Assessment as a stage of work with all clients and the thoroughness of assessment were also emphasised in the documentation. In children's services it was clearly stated that '[a]ssessment must precede planning' and that detailed knowledge of the circumstances of every child was necessary.³² Assessment formed a clearly identified stage as part of the process of care management which was planned for adult services.³³ The importance of considering a wide range of factors in making an assessment, whether the level of assessment was 'simple' or 'comprehensive' was emphasised in a detailed analysis of the assessment function.³⁴

Each of the three documents went to some lengths to highlight the importance of basing an assessment on the needs of people as individuals. The range of possible areas of a child's needs were outlined, including '...health, development, disability, education, religious persuasion, racial origin, cultural and linguistic background'.³⁵ For adults, the '...unique characteristics of each individual's needs...' together with their own perception of their needs, were considered relevant including issues relating to '...personal/social care, health care, accommodation, finance, education/employment/leisure, transport/access'.³⁶

To achieve the standard of assessments outlined, the documentation drew attention to the importance of employing appropriately qualified and experienced staff. The requirement that staff should have the necessary experience and expertise was referred to in relation to the assessment of children's needs.³⁷ It was suggested that

³² DH, *The care of children*, p. 13 and p. 17.

³³ DH, *Care management...practitioners'*, p. 10.

³⁴ *Ibid.*, p. 47ff.

³⁵ DH, *The Children Act 1989 guidance... volume 2*, p. 6.

³⁶ DH, *Care management...practitioners'*, pp. 12-13.

³⁷ DH, *The Children Act 1989 guidance... volume 2*, p. 7.

the personnel implications of the community care reforms would result in some social workers specialising in the work of assessment because of the greater level of expertise which was required to identify individual needs and that specialisation of work with particular client groups would also take place.³⁸ Managers in adult services were expected to ensure that the allocation of staff with appropriate levels of competence to each assessment, including the allocation of suitably qualified and experienced staff to make the more complex assessments, took place.³⁹

The documents expected that social workers would involve clients and their families in a more participative approach to assessment than had previously been the case. Social workers were required to ensure that in making a child's welfare paramount they gave consideration to a child's 'wishes and feelings'.⁴⁰ Relationships between social workers and parents were expected to be established on the basis of a partnership in which social workers would encourage parents to retain an active involvement with their children even when they were 'looked after' by the local authority.⁴¹ In adult services social workers were required to consider how clients and carers could actively participate in an assessment. To facilitate that approach it was argued that the separation of the assessment role from on-going work by a social worker placed the worker in a better position to advocate on behalf of the client or arrange for independent representation.⁴²

Some coherence in the government documentation was demonstrated in brief references to the way in which the legislation and guidance for adults and children could inform developments in the other service. The White Paper on community care referred to the planned changes taking place in adults and children's services as 'consistent and complementary' and regarded both services as part of a 'coherent whole'.⁴³ The DH guide to practitioners in adult services suggested that care

³⁸ DH, *Care management...practitioners*, p. 20.

³⁹ *Ibid.*, p. 40.

⁴⁰ DH, *The Children Act 1989 guidance... volume2*, p. 3.

⁴¹ DH, *The care of children*, p. 8.

⁴² DH, *Care management...practitioners*, pp. 50-51.

⁴³ DH, *Caring for people*, p. 3.

agencies would have to decide about the extent to which the introduction of principles of care management applied to work in child care as well as with adults.⁴⁴ Similarly, the Children Act 1989 Guidance and Regulations asserted that the policies of both Acts should be considered together in the way that they provided for the assessment of need in each case.⁴⁵ Although the reforms made it necessary for SSDs to separate the management of their children's and adults services the similar role, principles and suggestions about sharing experience of implementation, clearly pointed to assessment as a sphere of work which they had in common.

The increasing concern which was expressed throughout the 1980s about the negative effect on social work practice of adherence to procedures was acknowledged and referred to explicitly in some of the government documentation. In acknowledging the concern about an emphasis on procedures rather than the development of skills it was suggested in *Protecting Children* that there was an advantage in having relevant procedural material in one place to support its ready availability, consistency in practice, and updating. It suggested that inexperienced social workers would find the detailed material particularly helpful but that experienced workers would be able to adapt the material to their own use.⁴⁶ A DH Circular about the planning of services for adults with learning disabilities noted that assessment should not be reduced to administering a test or going through a schedule. Referring to the importance of assessment involving careful observation and discussion between professionals, family and the client, the Circular stressed that an assessment should be recorded so that it could form the basis of a programme of assistance.⁴⁷

The involvement of social workers in carrying out enhanced assessments was supported by a range of training initiatives. In the curriculum of a revised initial qualification for social workers, the Diploma in Social Work (DipSW), reference

⁴⁴ DH, *Care management...practitioners'*, p. 19.

⁴⁵ DH, *The Children Act 1989 guidance... volume 2*, pp. 3-4.

⁴⁶ DH, *Protecting children*, p. 5.

⁴⁷ DH, Local Authority Circular LAC(92) 15, *Social Care for Adults With Learning Disabilities* (October,1992), Annex, p. 2.

was made to the common ‘knowledge, skills and values’ across work with, not only all client groups, but in all settings.⁴⁸ Using a ‘competence framework’ the Statement of Requirements for Qualification in Social Work was made explicit and included a section which required qualifying social workers to be able to ‘Assess Needs, Strengths, Situations and Risks’. Emphasis was given to the importance of qualifying social workers being able to understand: the wider factors which impacted on social need; the ability to identify people’s strengths; compile a social history from relevant events in a person’s life and be able to draw conclusions from current observations; and identify risk factors in a person’s situation.⁴⁹ Further, in response to the absence of a formal system of post qualifying training the Central Council for Education and Training in Social Work announced that it would introduce an Advanced Award in the early 1990s.⁵⁰

Following concerns expressed in Parliament about the need for further training of social workers, the DH’s Training Support Programme for 1991/2 provided for a co-ordinated and integrated programme of training to support the introduction of the legislation for both children and adults.⁵¹ Although Lancashire County Council separated the management of its children’s and adult services its enhanced Training Plan for 1992/3 was based on an integrated approach to training needs and the principles underpinning the wider policy context of the new legislation.⁵² Training activity for 1991/2 included the appointment of more training officers, a full training programme for the implementation of the Children Act 1989 and the completion by social workers of a range of post qualifying courses and diplomas, including a psychodynamic casework course.⁵³

⁴⁸ Central Council for Education and Training in Social Work, *Requirements and Regulations for the Diploma in Social Work (DipSW)* (London, September 1989), p. 19.

⁴⁹ *Ibid.*, p. 9.

⁵⁰ *Ibid.*, p. 5.

⁵¹ LCC, SSC, 19th March 1991, Minutes, Item 50 ‘Department of Health Training Support Programme 1991/2’. LA LCC 2/4/18.

⁵² LCC, SSC, 8th September 1992, Minutes, Item 14, ‘Summary of Training Plan 1992/3, Policy Context and Service Developments for 1992/93’. LA LCC 2/4/20.

⁵³ *Ibid.*, Item 14.

During the period that DH plans for community care were being formulated it was recognised that the issue of qualified social workers working with older people needed to be addressed. Mary Winner, an adviser at the Central Council for Education and Training in Social Work suggested that there was a growth in problems arising from abuse, exploitation, and conflict involving older people.⁵⁴ In acknowledging that there was very little teaching about work with older people on qualifying courses in social work she stated that the new DipSW would provide more opportunities for teaching specifically about community care and older people.⁵⁵ Winner further suggested that the plans for ten pilot post qualifying programmes which included work with older people could have significant implications for specialisation in social work with older people in the future.⁵⁶

The introduction of a range of training initiatives fell well short of the aspirations of the emerging social work profession for a degree level initial qualification. However, in the revision of qualifying training the profile of the social work role in assessment and in work with older people was raised. In the concerted approach to reshaping the social work role in assessment through legislation, documentation and training, assessment reached a stage where the knowledge and skills could be conceptualised as a whole. Nevertheless, difficulties arising from organisational changes and inadequate resourcing following the community care and children's legislation and the increase in specialisation, together with continuing differences about the purpose of social work, made it difficult for the social work profession to acknowledge and build on the stage of development which had been reached.

⁵⁴ BASW, Special Interest Group on Ageing 1991, Spring Seminar 'Older People Need Social Work Too'. MRC MSS.378 BASW/2/583.

⁵⁵ *Ibid.*, p. 27.

⁵⁶ *Ibid.*, p. 28.

The review by Lancashire County Council of its policies and procedures for the assessment of the needs of children, young people, and adults

The documentation provided by the government led to local authorities carrying out a thorough review of their own organisation, policies and procedures to ensure compliance with the community care and Children Act reforms. Local authorities who reviewed their policies for individual client groups in the second half of the 1980s in the light of recommendations about the future policy of community care and children's legislation were in a position to draw on that work. Highlighting priorities in the community care reforms, a letter from Herbert Laming, Chief Inspector of the Social Services Inspectorate, advised local authorities that there were two minimum requirements for implementation, the first was arrangements for assessing care needs and the second was ensuring the availability of care in response to the assessments.⁵⁷

Although the legislation resulted in local authorities separating the management of their children's and adults services, the Social Services Committee of Lancashire County Council decided to end the work of its specialist sub committees and establish a single sub-committee to oversee and provide some coherence to the provision of care services to all client groups.⁵⁸

In preparation for the implementation of the community care reforms Lancashire County Council carried out a review of its arrangements for the assessment of all groups of adult clients. It concluded that current assessments were mostly of people's functional abilities, to establish whether they could benefit from the services which were then available, but that neither a person's perspective of their

⁵⁷ DH, EL (92)13 /CI(92)10 *Implementing Caring for People* (1992), cited in Wistow and others, *Social care markets*, pp. 13-14.

⁵⁸ LCC, SSC, 2nd June 1992, Minutes, Report of the Advisory Sub Committee (Care Services) 11th May 1992, p. 1. LA LCC 2/4/20.

own needs nor an understanding of their wider needs was central to assessments.⁵⁹ More complete assessments were sometimes carried out but they depended on the approach of individual social workers and their line manager. The aim of the review carried out by a working group was to ensure that the Council introduced at least a minimum standard of assessment throughout its provision.⁶⁰ Noting the statement in *Caring for People* about the reforms to adults and children's services being complementary and introducing a fresh agenda for the development of social services as a whole, one member of the working group joined the Council's Children Act Working Party.⁶¹ Lancashire County Council's analysis of the process of assessment identified four levels at which it could take place.⁶² A pilot project was established in the Blackburn District on 1st October 1991 to test the new arrangements for assessment and care management. The importance which was given to assessments being carried out by qualified social workers is evidenced in the staffing of the intake/assessment teams which comprised 15.5 social workers and only 4.5 social work assistants.⁶³ One of the pilot's main objectives, which it fulfilled, was to develop comprehensive multi-disciplinary assessments and to devise and evaluate the effectiveness of assessment criteria. Further, the pilot project found that there was scope for involving carers in the assessment function.⁶⁴

Lancashire County Council's Community Care Plan for 1994/5 reviewed the introduction of the community care reforms from 1st April 1993, drawing attention explicitly to the wide range of assessment activity and the application of its four levels of assessment in its response to all cases. It found that between July and September 1993, just over half of the referrals resulted in a basic or complex assessment being carried out. From those assessments over half resulted in the provision of an on-going service.⁶⁵ The Blackburn District reported on its practice of

⁵⁹ LCC, SSC, 19th March 1991, Agenda, Appendix E, 'Proposals for a System of Assessment and Care Management', p. 2. LA LCC 2/4/18.

⁶⁰ *Ibid.*, p. 3.

⁶¹ *Ibid.*, p. 9.

⁶² LCC, SSC, 4th June 1991, Agenda, Appendix U 'Levels of Assessment'. LA LCC 2/4/18.

⁶³ LCC, SSC, 4th June 1991, Agenda, Appendix T 'Proposed Structure Blackburn Pilot – Case Assessment and Case Management'. LA LCC 2/4/18.

⁶⁴ LCC, SSC, 8th September 1992, Minutes, Item 8 'National Health Service and Community Care Act 1990 Care Assessment and Care Management – Pilot Project'. LA LCC 2/4/20.

⁶⁵ LCC, *Lancashire Community Care Plan 1994/5* (Preston, 1995), p. 23.

forwarding a small number of cases on to its Adult Provider teams for further assessment because of the complexity of the case.⁶⁶

One of the key changes of the community care reforms was to ensure that qualified social workers were more involved in the assessment of people's needs and that there was more consistency in the decisions made about the care which people needed. Following a review of its home help service, a report to the Social Services Committee advised that, in anticipation of the community care reforms, it would need to transfer the assessment function from the home help service to the area social work teams in those Districts where it had not already taken place. To facilitate the introduction of a policy statement for the home help service titled 'Service Principles and Priorities' it was noted that a standardised form for assessment had been introduced on 1st October 1990.⁶⁷ Government guidance clearly stated that in being involved in both assessing and providing services, home care organisers could not fully represent the interests of the service user.⁶⁸

Reflecting the similarity of many of the issues which arose from the Children Act and community care reforms Lancashire County Council decided to change the function of some of their establishments. To meet the requirements of the community care reforms the Council extended the role of its residential homes for older people to include an outreach and resource centre function, including the provision of day care, with a wider range of support being based on assessment and client choice.⁶⁹ The Council noted that it could benefit from further funding available from the government for new initiatives operated by the voluntary sector which would make it possible for people to remain in their own homes.⁷⁰ Similarly, a re-designation of some day nurseries to family centres was planned, the latter involving staff more in support provided to parents than in the direct care of

⁶⁶ *Ibid.*, p. G10.

⁶⁷ LCC, SSC, Item 29 'The Home Help Service – Review of Implementation of PA Report', 19th November 1990. LA 2/4/17.

⁶⁸ DH, *Care management...practitioners*, p. 15.

⁶⁹ LCC, SSC, 10th January 1992, Appendix A, Report of the Advisory Sub-Committee for the Elderly 9th December 1991. LA LCC 2/4/19.

⁷⁰ LCC, SSC, 8th September 1992, Minutes, LASS2 (92) 7. LA LCC 2/4/20.

children. It was envisaged that staff would become more involved in the assessment of family circumstances which would include visits to a family's home and the provision of reports to family courts.⁷¹

The community care reforms were influential in orientating the assessment work of social workers towards the consideration of a wider range of issues. A prominent dimension was the benefit to be gained from assessing the needs of carers, in the context of their ability to continue with their caring role. Lancashire's Social Services Committee fully endorsed a policy for the development of a partnership approach with carers of adults, produced by the North West Association of Social Services Authorities. The report established the principles that carers had their own needs and a right for them to be assessed, and that they should be involved in the assessment of the needs of the person they cared for.⁷² The Committee subsequently produced its own policy for involving carers in consultation and planning.⁷³ A further dimension was the approval of a comprehensive policy document for the work of the Department with ethnic minority groups, which emphasised that needs arising from culture and ethnicity should form part of assessments.⁷⁴

A further issue which gained prominence towards the end of the 1980s was the abuse of older people. Although not one of the principal concerns of the community care reforms, it is probable that the increasing focus on assessment contributed to more awareness of the problem. Lancashire County Council introduced procedures and guidelines for the investigation of abuse of older people, which followed the pattern

⁷¹ LCC, SSC, 10th June 1992, Minutes, 'Day Centres and Family Centres Review of Social Service Provision'. LA LCC 2/4/20.

⁷² LCC, SSC, 18th November 1991, Agenda, Appendix G 'Partnership with Carers'. LA LCC 2/4/19.

⁷³ LCC, SSC, 16th November 1992, Agenda, Appendix A, Report of the Advisory Sub-Committee (Care Services) and Annex 3 'Partnership with Carers'. LA LCC 2/4/20.

⁷⁴ LCC, SSC, 10th January 1992, Agenda, Appendix F 'Report of the Working Group on Service Delivery to Black and other Minority Ethnic Communities', p. 20 and Minutes p. 4. LA LCC 2/4/19.

of introducing policies with a statement of principles followed by procedures to address the action which needed to be taken, including the investigation stage.⁷⁵

Following the Children Act reforms officers' reports identified gaps and deficiencies in Lancashire County Council's provision for children and their families. A statement of objectives for child care which reflected the principles established by the Children Act 1989 and accompanying guidance was agreed with emphasis placed on the wider range of services which should be provided to enable children to remain within their birth families and communities. The Social Services Committee was advised that there was scope to reduce the extent of its residential provision and expand its use of foster care placements, and plans were made for the percentage of foster placements for children in care to be raised to 60% and specialist foster homes to be provided for assessment.⁷⁶ To increase the number of foster carers it was decided to introduce additional specialist foster care teams of social workers who would be responsible for recruitment and ongoing support.⁷⁷ The introduction of more specialist social work posts following the Children Act 1989 also took place with the appointment of social workers to re-orientate the provision for children with a learning disability from residential care to support to families in their homes.⁷⁸

The extent of the documentation produced by Lancashire County Council evidenced the priority which was given to the development of the assessment function within community care in particular. A similar process took place in the County of Avon.⁷⁹ Moreover, introduction of a wider range of services in a way which met the need of individual cases and the reorientation of other services, required social workers to carry out more detailed and broadly based assessments. The slower pace of the

⁷⁵ LCC, SSC, 10th January 1992, Agenda, Report of the Advisory Sub-Committee for the Elderly 9th December 1991, Appendix A Annex 1 'Procedures and Guidelines for the Management of Cases of Abuse of Elderly People', p. 1 and p. 13. LA LCC 2/4/19.

⁷⁶ LCC, SSC, 10th January 1992, Agenda, Appendix T 'Child Care Service Statement of Objectives', p. 2. LA LCC 2/4/19.

⁷⁷ LCC, SSC, 2nd June 1992, Minutes, 'Development of Children's Services – Family Placement'. LA LCC 2/4/20.

⁷⁸ LCC, SSC, 2nd June 1992, Minutes, 'Services to Children with Learning Disabilities'. LA LCC 2/4/20.

⁷⁹ For example, County of Avon, Social Services Committee, 23rd March 1992, 'Care Management Guidelines'. BRO ACC 25239/1528.

changes which were made in services for children was consistent with the findings of the Children Act Report 1993 which stated that only some local authorities had used their experience of assessing the needs of adults to inform their procedures for assessing children's needs.⁸⁰ Local authorities found it difficult to adjust their services away from the prominent focus on child protection which had increasingly characterised children's services in the 1980s. This was reflected in a report which noted that progress towards full implementation of Section 17(1) of the Children Act 1989, which required local authorities to provide services to support families in the care of their children, was worryingly slow. Although some local authorities had introduced more flexibility into their provision the demand for investigation of child abuse cases continued to be high.⁸¹

The enhancement of the professional status of social work with adults

One of the immediate effects of the implementation of the assessment requirements of the NHSCCA 1990 was to raise the status of social work with adult clients. The extent of the documentation and appointment of qualified social workers to specialise in work with different groups of adult clients represented a significant enhancement of social work with adults compared with the situation which existed in the 1980s and before. For example, the County of Avon declared that it was no longer acceptable for social workers on duty to say to older people and people with physical disabilities that they were not a priority; to change its approach the County stated that it had organised its social workers on the basis of specialisation.⁸²

However, the change brought about by the Act in raising the status of work with adult groups of clients has been the subject of limited comment by authors who have evaluated its impact. Richard Hugman made brief reference to the negative views expressed about earlier social work practice with older people and suggested that the implementation of the Act could lead to an enhanced professional role of work with older people if the new focus on assessment of need and arrangements for care were

⁸⁰ Secretaries of State for Health and Wales, *Children Act Report 1989* (London, May 1994), p. 13.

⁸¹ *Ibid.*, p. 16.

⁸² County of Avon, Social Services Committee, 4th July 1994, Appendix A, 'Local Re-grading Claim for Social Workers'. BRO ACC 25239/1515.

based on social work values.⁸³ However, he also pointed out that where the arrangements for people's care were based on practical needs rather than on psychological needs, the role of a care manager would not need to be filled by a trained professional.⁸⁴ Lewis and Glennerster briefly suggested that the community care reforms had raised the profile of work with adults.⁸⁵

On the other hand social workers with practical and first-hand experience of the impact of the reforms were more positive in their evaluations. Speakers at seminars organised by the BASW Special Interest Group on Ageing, although very aware of concern about some of the provisions of the reforms, concluded that on balance the community care reforms were a positive stage in the professionalisation of social work with adults. In a talk to the Spring 1992 seminar Neil Singleton, Director of Social Services for Cheshire, referred to the paternalistic way in which SSDs had previously worked with older people but that considerations of equal opportunities were beginning to be addressed by SSDs. He expected that social workers would increasingly address issues arising from choices made by older people.⁸⁶

In a talk to the Spring 1993 seminar, Kay Richards reviewed the early implementation of the community care reforms. From her discussions with purchasers, providers and assessors in four different local authorities she found reason for encouragement.⁸⁷ Richards stated her agreement with the emphasis which the Griffiths Report had given to a thorough assessment of the way in which a person could continue to live in their own home without the recourse to residential care as readily as had been the case. She was particularly disappointed that the government had decided not to record unmet need, stating that the recommendation of the Griffiths report in that regard was fundamental to the development of community

⁸³ R. Hugman, 'Social Work and Case Management in the UK: Models of Professionalism and Elderly People', *Ageing and Society*, 14 (1994), pp. 248-49.

⁸⁴ *Ibid.*, p. 247.

⁸⁵ Lewis and Glennerster, *Implementing*, p. 201.

⁸⁶ BASW, Special Interest Group for Ageing Spring Seminar 1992, N. Singleton 'Opening'. MRC MSS.378 BASW/2/583.

⁸⁷ BASW, Special Interest Group on Ageing Spring Seminar 1993, K. Richards 'A Seamless Service or Patchwork Quilt?', p. 24. MRC MSS.378 BASW/2/583.

care.⁸⁸ Richards understood the anxiety of social workers who were concerned about the separation of the purchaser and provider roles and, for the future of the social work profession, the development of a care manager/assessor role. However, she thought that the contributions which had been made at the seminar were evidence that there was a place for social work skills in those roles, if the work was resourced.⁸⁹ Richards concluded that:

...(1) the needs of older people and people with disability *do* now have a higher profile. (2) Social workers *are* now making their own case more clearly speaking with more confidence about the organisational, financial, planning and networking systems within which we work and (3) *striving* to ensure the needs of consumers/carers/relatives are central to our services.

Social workers from East Sussex County Council reported on six pilot schemes for assessment and care management which used earlier documentation to formulate its approach to assessment for older people and people with physical disabilities. There was an inter-disciplinary approach with the County Council identified as the lead agency.⁹⁰ Social workers who were specifically trained to carry out assessments were able to introduce what was described as a culture change, identifying the services which were required rather than relying on provision which was known to be available.⁹¹ They found it necessary to change the format of the documentation, replacing a common form with one in which agencies completed their own section.⁹²

In a talk to the 1996 BASW seminar Dr Glenys Jones, Deputy Director of Sheffield Social Services Department, was clear that with the community care reforms ‘...social work with older people is presented with an opportunity to grasp a mature professional role’.⁹³ She recognised that their implementation had been restricted because of the limits to funding but argued that social workers in her authority and

⁸⁸ *Ibid.*, pp. 24-25.

⁸⁹ *Ibid.*, p. 28.

⁹⁰ BASW, Special Interest Group on Ageing Spring Seminar 1993, G. Belcher and G. Murphy ‘Joint Assessment Needs – Joint Perspectives’, p. 18. MRC MSS.378 BASW/2/583.

⁹¹ *Ibid.*, p. 19.

⁹² *Ibid.*, p. 21.

⁹³ BASW, Special Interest Group on Ageing Spring Seminar 1996, Dr G. Jones ‘Caring for Older People The Impact of Current Social and Fiscal Policy’, p. 4. MRC MSS.378 BASW/2/583.

nationally had risen to the challenge, becoming clearer and more decisive in their work. She noted that adult abuse was being addressed, that social workers were more confident in working in partnership with other professionals and pointed out that it had become clear that social workers took a more holistic view of a person's situation than other disciplines.⁹⁴ Dr Jones acknowledged the concerns of social workers about the impact of the community care reforms but suggested that social workers were better placed than they had previously been to assert social work values in an environment which emphasised the costs.⁹⁵

Research carried out into the working experiences of some teams of mainly adult clients has suggested that they retained or enhanced their professional identity, albeit in a context of considerable anxiety about the community care reforms. For example, following experience of implementing the legislation Kit Hall and Carol Jones, as practitioners, referred to the new emerging professionalism in work with older people which, in spite of continuing limitations, involved agencies and families sometimes being challenged about whether residential care was necessary.⁹⁶

Kathryn Ellis, Ann Davis and Kirstein Rummery observed the front line assessment practice of social workers in two local authorities between 1995 and 1996: in a generic team for older people, one for older and younger disabled people, three teams for people with physical and sensory impairments and a hospital team.⁹⁷ They noted many social workers' concerns that the community care reforms constituted a challenge to the professional identity of social work. However, from their historical perspective the authors pointed to studies of social work following the Seebohm reorganisation which suggested that decisions were not based on assessments of individual need. The authors suggested that common interpretations of earlier social work were '...something of a myth' and therefore that the widely held view that the new community care reforms undermined a social work tradition was therefore open

⁹⁴ *Ibid.*, p. 6.

⁹⁵ *Ibid.*, p. 7.

⁹⁶ K. Hall and C. Jones, 'Developments in Services for Elderly People', in E. Harlow and J. Lawler, eds, *Management, Social Work and Change* (Aldershot, 2000), p. 63.

⁹⁷ K. Ellis, A. Davis and K. Rummery, 'Needs Assessment, Street-level Bureaucracy and the New Community Care', *Social Policy and Administration*, 33 (1999), pp. 271-72.

to question.⁹⁸ Ellis, Davis and Rummery found that in spite of some of the negative influences arising from the community care reforms, practitioners considered that their assessments demonstrated professionalism. Views about their professionalism were held particularly strongly in the specialist teams for people with physical and sensory impairments, and the hospital team.⁹⁹

Further, research carried out for the Royal Commission on Long Term care found that with a more planned approach to the social care of older people fewer were being placed in residential care and that '[a]rea-based qualified social workers, working as care managers, are now more closely involved in the assessment and care plans of older people'.¹⁰⁰ An unpublished review of findings from inspections between 1993 and 1997 by the Inspection Division of the Social Care Group of the DH found that the community care reforms had improved the quality of social services work with older people. Moreover, there was evidence of some progress towards needs-led rather than service-based assessments.¹⁰¹ In their return to a locality which had been the subject of research in the mid-1980s Linda Bauld and others found that in the mid-1990s there had been a move away from a more uniform and basic level of provision to a system in which clients with more complex needs and without a carer received higher levels of home care, and that increased levels of day care and residential care were provided to support carers.¹⁰² The research also suggested that local authorities were focussing their work on dependent older people who were more at risk of being admitted to a residential or nursing care.¹⁰³ On the other hand, in a wide ranging review of the literature David Challis was more specific about continuing limitations in the policies of local authorities, drawing attention to, for example, the marked variation in quality of assessment documentation (other than for activities of daily living), the lack of continuity of

⁹⁸ *Ibid.*, p. 277.

⁹⁹ *Ibid.*, p. 278.

¹⁰⁰ R. Warburton and J. McCracken, 'An Evidence-Based Perspective from the Department of health on the Impact of the 1993 Reforms on the Care of Frail, Elderly People', in *The Royal Commission on Long Term Care, With Respect to Old Age: Long Term Care –Rights and Responsibilities, Community Care and Informal Care Research Volume 3* (London, 1999), pp. 25-6.

¹⁰¹ *Ibid.*, p. 29.

¹⁰² L. Bauld and others, *Caring for Older People: An Assessment of Community Care in the 1990s* (Aldershot, 2000), pp. 370-71.

¹⁰³ *Ibid.*, p. 120.

staff who worked with older people, and the limited involvement of health professionals compared with provision in mental health services.¹⁰⁴

Although research has pointed to the enhanced professionalisation of social work with older people in some aspects of the community care reforms, a number of social work authors have argued that the reforms contributed to the deprofessionalisation of social work. In their review of the concept of deprofessionalisation Stephen Barley and Pamela Tolbert drew attention to the work of Marxist scholars in the 1970s who anticipated that many professions in corporate organisations would experience a process of deprofessionalisation; that their work would become increasingly embedded in organisations leading to it becoming subject to management control.¹⁰⁵ Noting that those writers expected professionals would be assimilated into large scale organisations in the same way that craft workers had been in the factories of the nineteenth century, and that ‘post-industrialists’ took the opposite standpoint in anticipating that the knowledge base of professionals would enable them to gain power, Charles Derber proposed an alternative approach. He distinguished between the ideology of a profession and its technical procedures, arguing that although professionals exercised a considerable degree of skill and discretion they were less able to select the work they did or the clients they worked with. That meant they were not free to implement their professional ideology although they could promote it.¹⁰⁶ In drawing attention to the significance for professionals of developing technical skills and knowledge in a bureaucracy, Derber’s research has drawn attention to areas of activity for which social work had traditionally found difficulty in developing a clear identity. In contrast, social work’s more certain perception of its ideological position in promoting social justice was an area which Derber found that professions had forfeited some control to the organisation, in particular in relation to the cases and problems it dealt with.

¹⁰⁴ D. Challis, ‘Assessment and Care Management: Developments since the Community Care Reforms’, in The Royal Commission on Long Term Care, *With respect to old age*, pp. 78-82.

¹⁰⁵ S. R. Barley and P. S. Tolbert, ‘Introduction: At the Intersection of Organisations and Occupations’, in P. S. Tolbert and S. R. Barley, *Research in the Sociology of Organisations* (London, 1991), p. 2.

¹⁰⁶ Derber, *Managing professionals*, pp. 334-36.

Further research by Derber highlighted the way in which professions in a wide range of large organisations had developed powers based on their acquisition of expert knowledge, but that the extent of the development varied between professions and organisations.¹⁰⁷ Having noted that little empirical work had been carried out by organisation theorists and occupational sociologists, Barley and Tolbert noted that Derber and Schwartz's later research confirmed that neither the position of post-industrialists which anticipated the emergence of a 'mandarin class' of experts nor neo-Marxists who predicted the proletarianisation of the professional workforce '...captured the multifaceted reality of work in a professional bureaucracy'. They concluded that '(a)n important implication of their [Derber and Schwarz's] analysis is that we are unlikely to understand the relationship between organisation and occupation if we rely on theories whose ideology is stronger than their empiricism'.¹⁰⁸

In drawing attention to the expansion of the commercial sector in welfare service provision following the community care reforms in the UK, a number of authors writing from a critical social policy perspective argued that government policies had brought about the deprofessionalisation of social work. For example, Lena Dominelli and Ankie Hoogvelt asserted that SSDs had been required to '...cede their role as service providers to the voluntary and commercial sectors...turning caring for others into a commodity...'.¹⁰⁹ Moreover, they postulated that management control of social workers had resulted in the fragmentation of tasks, the loss of discretion and, critical to the deprofessionalisation of social work, the redistribution of some tasks carried out by social workers to unqualified workers.¹¹⁰ In their representation of professional social work they suggested that '[i]ts concern with the creation of professional relationships through which therapeutic work with individuals seeking to maximise adaptive responses to their life situations has virtually disappeared'.¹¹¹ Similarly, in referring to the deprofessionalisation brought about by 'the new public

¹⁰⁷ C. Derber and W. A. Schwartz, 'New Mandarins or New Proletariat?: Professional Power at Work', in Tolbert and Barley, *Research*, p. 76.

¹⁰⁸ Barley and Tolbert, *Introduction*, p. 6.

¹⁰⁹ L. Dominelli and A. Hoogvelt, 'Globalization and the Technocratization of Social Work', *Critical Social Policy*, 47 (1996), p. 46.

¹¹⁰ *Ibid.*, p. 56.

¹¹¹ *Ibid.*, p. 46.

management' and community care reforms Mark Lymbery suggested that the separation of the assessment function from further intervention by the same social worker compromised the relationship between social worker and service user.¹¹² However, in relation to services for older people Means and Smith considered that it was necessary for a historical perspective to correct the position of both the political 'left' which approached the issue of the community care reforms as though there had previously been a 'golden age' and of the 'right' which was critical of all earlier provision.¹¹³ Nevertheless, along with other authors, Dominelli and Hoogvelt did briefly refer to the limitations of social work in the past suggesting it was '...a profession which suffered from a low professional status because it has been considered women's work...'.¹¹⁴ Although Lymbery provided a more lengthy discussion about social work and professionalisation he addressed the secondary literature, which in places similarly drew attention to the limited professionalisation of social work.¹¹⁵ In evaluating the impact of government policies and their significance for the emergence of social work as a single occupational group and an emerging profession it is necessary to recognise the extent of the low status which social work with older people had both in qualifying social work education and training, and in the caseloads of social workers throughout the 1970s and 1980s.

Although 'the new public management' undoubtedly created difficulties for the professionalisation of social work it is important to situate them in the historical context of the limited extent of its professionalisation during the 1960s. Indeed, the qualified almoners, psychiatric social workers and child care officers were typical of professions which had expanded within bureaucracies rather than independent practice. Moreover, some aspects of 'the new public management' were a response to the limited written guidance available to social workers and continuing contrasting perspectives within social work about its role and purpose. Most significantly, the

¹¹² M. Lymbery, 'The Retreat from Professionalism: From Social Worker to Care Manager', in N. Malin, ed., *Professionalism, Boundaries and the Workplace* (London, 2000), pp. 132-33. The 'new public management' is a term which was applied to changes in the management of central and local government services in the 1980s in which managers exercised more control over the work of staff, including through the implementation of prescriptive procedures.

¹¹³ Means and Smith, *From Poor Law*, pp. 1-2; Means, Morbey and Smith, *From community care*, pp. 5-6.

¹¹⁴ Dominelli and Hoogvelt, *Globalization*, p. 56.

¹¹⁵ Lymbery, *The retreat*, pp. 125-6.

continuing short period of training and negligible availability of post qualifying training opportunities did not give social workers the knowledge, skills and confidence to carry out their roles and tasks in a way which could have mitigated the impact of the changing organisational culture.

The primary research of Ellis, Davis and Rummery, Challis, and Bauld and others, together with DH surveys and the views of some practitioners suggest that some enhancement of professionalisation of work with adult groups of clients did take place during the 1990s. In providing for the enhancement of the assessment function with older people in particular, as the largest group of clients of SSDs, the specialisation of qualified social workers, rather than contributing to the fragmentation of social work, enhanced their professionalisation. Opportunity was provided for the development of specialist expertise and knowledge, albeit within organisational constraints, but nevertheless within an increasingly important multi-agency context.

In the context of its earlier limited professionalisation, it is therefore argued that it is more appropriate to refer to the way in which ‘the new public management’ and some, but not all, aspects of the community care reforms restricted progress towards the professionalisation of social work rather than brought about deprofessionalisation. Although the ideological orientation of Conservative governments in the 1980s and 1990s was not favourable to the professionalisation of social work, that should not be the only measure with which to evaluate progress towards the development of skills and knowledge in social work.

Interpretations of the influence of the Children Act 1989 and NHSCCA 1990 on the coherence and professionalisation of social work

The conclusion that the historical development of the assessment function of social workers was a unifying influence on the emerging social work profession is at

variance with conventional interpretations of its development as a whole following the end of the Second World War. General social work history texts which have represented social work as reaching the 'high point' of its development during the 1970s do not explicitly discuss the assessment function. However, the social work literature which has provided a critical analysis of social policy by addressing the negative impact of 'the new public management', and social forces identified in post-modernist theorising, does so. It has been argued that social work became the subject of fragmentation in its organisation and in the increasingly detailed specification of the tasks of social workers its practice was rendered open to an increased degree of control by managers; resulting in a reduction in the scope for discretion exercised by social workers. Implementation of the Children Act and community care reforms in the early 1990s were regarded as having been particularly responsible for the fragmentation of social work. The organisational separation of adults' and children's services, the introduction of the 'purchaser/provider split' which required different social workers (except for complex cases) to be responsible for assessment and intervention and the replacement of direct service provision by local authorities with services provided by the voluntary and private sector, were the principal concerns. In children's services the dominance of the investigation of child abuse rather than the extension of support to families was a prominent concern. The prescriptive requirements of the guidance which was provided by governments to support the legislation was widely regarded as having reinforced the influence of 'the new public management' on the fragmentation of social work, increasing reliance on a procedural approach to the assessment of social need rather than the enhancement of professional knowledge, skill and discretion.

However, one of the difficulties in evaluating the *extent* of the influence of 'the new public management', and the characteristics of post-modernist society on the development of social work since the 1970s is that very little material is provided by authors about the earlier history of social work. Indeed, along with authors of general texts about the history of social work, commentators have consistently referred to the limited extent of its professionalisation. For example, Howe referred briefly to the weakness of the professionalisation of social work in terms of its

demonstrable effectiveness or the way it was defined.¹¹⁶ Later he referred to the findings of the various DHSS publications during the 1980s which identified significant limitations in the assessments of social workers in cases of child deaths.¹¹⁷ Similarly, Chris Jones pointed to the earlier ‘...historical weakness and fragility of state social work...’.¹¹⁸ Donna Dustin suggested that previously social workers only had a tenuous knowledge base and Malcolm Carey referred to the historical low priority given by social workers to work with adult groups of clients, particularly older people.¹¹⁹

In forwarding interpretations about the historical development of social work it is important to engage with the historical context of the nascent social work profession in the past. Care is required in using the secondary literature to support interpretations of social work’s past. For example, in drawing attention to the way in which social workers were required to adhere to increasingly detailed assessment procedures in a way which reduced the discretion which they exercised, Carey interpreted Phyllida Parsloe’s call in 1981 for ‘...more detailed forms or guidelines...’ as prescriptive and representative of a ‘top down’ approach.¹²⁰ Parsloe was, rather, drawing attention to the almost complete absence in most teams of instruments which would bring about more knowledge and consistency to assessments of clients.¹²¹ Her concern had been voiced earlier by the BASW in a statement made fifteen months after the publication of *The Social Work Task*, in which it referred to recent research which showed that assessments were often carried out too quickly and superficially and that assessment procedures were found

¹¹⁶ Howe, *Social workers*, p. 150.

¹¹⁷ D. Howe, ‘Child Abuse and the Bureaucratisation of Social Work’, *The Sociological Review*, 40 (1992), p. 494, p. 496 and pp. 500-1.

¹¹⁸ C. Jones, ‘Voices from the Front Line: State Social Workers and New Labour’, *British Journal of Social Work*, 31 (2001), p. 559.

¹¹⁹ D. Dustin, *The McDonaldisation of Social Work* (Aldershot, 1997), p. 17; M. Carey, ‘Care Management Unleashed: Enduring Ethical Tensions 20 Years after the Griffiths Report, 1988’, *Ethics and Social Welfare*, 2 (2008), pp. 312-33. See also Ch. 4 notes 48-50 and note 115 above.

¹²⁰ Parsloe, *Social services*, p. 60; M. Carey, ‘The Care Managers: Life on the Front Line after Social Work’, Unpublished Ph.D. thesis, University of Liverpool, 2004, p. 53.

¹²¹ Parsloe, *Social services*, p. 60.

to be under-developed.¹²² It went on to recommend that work should continue on the development of schemes which were designed to identify clients' needs.¹²³

A detailed account of the historical development of the assessment function of social workers has drawn attention to consistent statements in the 1960s and 1970s of significant limitations to its development. In terms of the history of social work and the stages of development of the assessment function, the critical social policy analysis which has drawn attention to the negative impact of 'the new public management' has not sufficiently placed its analysis in the wider historical context of the development of the emerging social work profession. For example, it was necessary for social work to develop written statements of policy and procedure as part of its emerging professional identity. Moreover, assertions made about the extent and significance of earlier professional independence and discretion have not been subjected to historical analysis. There should, rather, be recognition of the importance to the emerging social work profession of a parallel process of establishing policies and procedures to develop social work practice in the context of the community base of local authorities and to provide guidance to social workers at different levels of experience. Although aspects of 'the new public management' created difficulties for social work's aspiration of professionalisation, that aspiration was equally thwarted by earlier limitations in its development, most notably in its qualifying and post-qualifying education and training.

Drawing on post-modernist thought Parton characterised the post-modern era as '...increasing diversity, uncertainty, fragmentation, ambiguity and change...'.¹²⁴ Writing at the time of the publication of the Community Care Bill, although recognising that the government had suggested that the legislation for children and adults was complementary, Parton anticipated that the community care reforms would cause difficulty for the coherent organisation and identity of social work.¹²⁵

¹²² BASW, 'The Social Work Task- A BASW Policy Statement, November, 1978', p. 8. MRC MSS.378 BASW 2/230.

¹²³ *Ibid.*, p. 11.

¹²⁴ Parton, *Social theory*, pp. 12-13.

¹²⁵ Parton, *Governing the family*, p. 210.

More recently, the impact of 'the new public management' on restricting the autonomy of social workers and limiting the significance of their relationships with clients has provided the basis for the increasingly prominent interpretation of social work being the subject of a process of deprofessionalisation.¹²⁶ From a post-modernist perspective Dustin argued that the substitution of casework with care management following the community care reforms, and to a lesser extent the Children Act reforms, had led to a change in the construction of social work roles, becoming more flexible, liable to change and fragmented into parts.¹²⁷ Indeed, post-modernist perspectives have prompted some authors to question whether social work had a future, for example Langan and Clarke went as far as to suggest that the new legislation threatened the professional basis of social work.¹²⁸ Similarly, Elizabeth Harlow questioned whether social workers would be dispensed with in new forms of organisation.¹²⁹

However, other authors have questioned whether the history of social work could be understood by reference to post-modernist theorising. Indeed, in common with the present study, it has been suggested that community care and the assessment function as dimensions of social work afforded some coherence to its identity. Referring to the work of Parton and Howe, and questioning the historical accuracy of their interpretations, Carole Smith and Susan White rejected the post-modernist interpretations of events and the suggestion that '...social workers had turned into a technical workforce relying on procedures and legislative rights as a gross oversimplification'.¹³⁰ They argued that the expansion of '...standardised assessment tools is indicative of the further reification of knowledge and not of its demise'.¹³¹ Smith and White pointed briefly to the way in which the principles, if not the political agenda, of community care could be regarded as having

¹²⁶ For example, Lymbery, *The retreat*, p. 123; E. Harlow, 'New Managerialism, Social Service Departments and Social Work', *Practice*, 15 (2003), p. 36.

¹²⁷ Dustin, *The McDonaldisation*, p. 23.

¹²⁸ M. Langan and J. Clarke, 'Managing in the Mixed Economy of Care', in J. Clarke, A. Cochrane and E. McLaughlin, eds, *Social Care in a Mixed Economy* (Milton Keynes, 1994), p. 73.

¹²⁹ Harlow, *New managerialism*, p. 38.

¹³⁰ *Ibid.*, p. 291.

¹³¹ *Ibid.*, p. 293.

fundamentally influenced the whole development of social work.¹³² Similarly, Harry Ferguson suggested that whereas there had been a ‘relentless focus’ on the way in which control and bureaucracy had impacted on the process of protecting children, the beneficial aspects of procedures in protecting children had not been sufficiently emphasised.¹³³

Moreover, during the period immediately following the implementation of the Children Act 1989 and NHSCCA 1990 a number of authors identified the need to develop the theoretical basis of social assessments for social work as a whole rather than for separate client groups. Recognising the similar skills which social workers used in assessment Lloyd and Taylor asserted that a conceptual framework was necessary to ensure that the specific purpose of a social work assessment was not dominated by the increasing influence of procedural and technical considerations.¹³⁴ Similarly, in work commissioned by the DH to identify the principles and skills required by social workers in their assessments, Gerald Smale and Graham Tuson’s model emphasised the communication skills which social workers needed to engage with adult groups of clients.¹³⁵ Clifford’s model of social assessment recognised the increasing significance of multi-disciplinary working with both children and adults.¹³⁶ Although their work drew attention to earlier separate assessment models for different client groups, the extent to which the written policies of the BASW and local authorities addressed similar principles and practices should be regarded as providing an important basis for the development of subsequent specialist and generic policies, and models of social work assessments.

The importance attached to drawing on theoretical developments within social work as well as those external to it, for the purpose of representing its past, rather than drawing on archival material to establish the stage of development which social work

¹³² C. Smith and S. White, ‘Parton, Howe and Postmodernity: A Critical Comment on Mistaken Identity’, *British Journal of Social Work*, 27 (1997), p. 287.

¹³³ H. Ferguson, ‘Protecting Children in New Times’, *Child and Family Social Work*, 2 (1997), p. 228.

¹³⁴ Lloyd and Taylor, *From Hollis*, p. 708.

¹³⁵ G. Smale and G. Tuson, *Empowerment, Assessment, Care Management and the Skilled Worker* (London, 1993), p. v and pp. 7-23.

¹³⁶ Clifford, *Social assessment*.

had reached, is evident in the references by commentators to earlier social work practice. For example, Harlow expressed concern that the important involvement of social workers with the inner world of the client and the social work relationship had become dominated by the emergence of the new managerialism.¹³⁷ Jones referred to the 1970s when social workers sometimes had the opportunity to get to know clients and were often involved in acting as advocates to other state agencies.¹³⁸ Carey pointed to the contrast between current practice and the skills of advocacy, counselling and therapy which he suggested previously gave social workers their identity.¹³⁹ Dustin represented social work prior to the reforms as being characterised by casework.¹⁴⁰ However, in making brief references to earlier forms of social work practice which were based on theoretical perspectives, authors have not provided or drawn on historical material which indicates either the extent or relevance of their implementation in practice. Crucially, the relative significance of the historical change brought about by the influence of ‘the new public management’ and characteristics of post-modernist theorising can only be evaluated in the context of other influences and a more detailed study of events. An evaluation of the wider range of influences on the development of social work would be necessary to decide the range of policy action most appropriate to address the issues which were raised. For example, if it was considered that social workers should have more discretion when carrying out an assessment it would be necessary to evaluate whether post qualifying experience and training equipped them with knowledge and skills to exercise that discretion in a constructive way, rather than just reducing the extent of proceduralisation in assessment.

Epistemological issues are therefore particularly relevant in determining the sources of material for making interpretations of the history of social work. Ellis, Davis and Rummery concluded that interpretations of the influence of legislative change should be based on research using observation of social workers’ actual practice as ‘street level bureaucrats’ rather than on interviews or the study of policy documentation.¹⁴¹

¹³⁷ Harlow, *New managerialism*, p. 29.

¹³⁸ Jones, *Voices*, p. 549.

¹³⁹ Carey, *The care managers*, p. 91.

¹⁴⁰ Dustin, *The McDonaldisation*, p. 23.

¹⁴¹ Ellis and others, *Needs assessment* p. 278.

Jones and Dustin on the other hand drew their material from interviews with social workers, including their perceptions of how the practice of social work had changed under the influence of policies in the 1980s and 1990s.¹⁴² However, historians' concern about the influence of nostalgia on interpretations of the past is relevant to that approach. For example, Tosh drew attention to the way that nostalgia represented a distortion of the past, occurring where there was a perception of loss at a time of change and identification of the direction of change as being '...for the worse'.¹⁴³ In a discussion of nostalgia in organisations from a psychological perspective, Yiannis Gabriel argued that it arose from a view taken about current conditions, that it was selective and idealised the past. He suggested that a watershed is given symbolic status as the point at which change takes place and that the focus rests on what has been lost and particularly valued. Importantly, Gabriel argued that organisational nostalgia does not subject itself to historical analysis.¹⁴⁴

Conclusion

Social policies relating to the social assessment of children and community care of adults introduced in the Children Act 1989 and NHSCCA 1990, together with supporting guidance and regulations, gave local authorities a lead role in the co-ordination of their implementation. The principles of assessment which emerged during the 1960s and found a place in local government and BASW documentation of the 1980s were consolidated into central government documentation which supported the new legislation, providing for a more systematic approach to assessment. Identification of similar principles and the involvement of significant numbers of qualified social workers in assessment work with older people in particular were a unifying influence on the developing social work profession at the levels of national and local policy.

¹⁴² Jones, *Voices*; Dustin, *The McDonaldisation*.

¹⁴³ Tosh, *The pursuit*, p. 17.

¹⁴⁴ Y. Gabriel, 'Organisational Nostalgia – Reflections on 'The Golden Age'', in S. Fineman, ed., *Emotion in Organisations* (London, 1993), p. 121.

Interpretations of changes to the development of social work arising from the community care and Children Act reforms based on 'the new public management' and post-modernist theorising have suggested that social work was subject to a process of fragmentation and deprofessionalisation. Indeed, the critical social policy literature has focussed on issues which relate primarily to the history of professionalisation rather than social work as a whole. However, although brief references are made to both positive and negative dimensions of the earlier history of social work, insufficient material is provided by authors to establish a historical context. Nor do the interpretations take into account the *extent* of the low status of social work with qualified social workers during the 1980s, and earlier. The enhanced professionalisation of social work in the early 1990s with adult client groups, particularly older people, should be regarded as a further stage of the unifying influence of the assessment function of social workers which took place. Rather than reflecting the fragmentation of social work, the development of specialised work with different client groups should be regarded as a positive development, enabling social workers to enhance their practice and professional identity within multi-disciplinary working.

Chapter 4 concluded by arguing that the period of the 1950s and 1960s should be regarded as a transitional period rather than 'high point' of social work. It is further suggested that the 1970s and 1980s should be represented as a period during which social work adjusted to its principal location in the SSDs of local authorities and in being required to meet the needs of wider groups of clients. Problems identified by social and political theory should be regarded as having restricted the professionalisation of social work rather than having brought about its decline. In the adjustment which social work made some progress towards professionalisation was achieved, to which the development of the assessment function made a significant contribution.

Chapter 9: Conclusion

If social work engaged more fully with different dimensions of its past, it would be able to meet Paul Garrett's concern, that until social work had a better understanding of its history it would be '...ill equipped to analyse and respond to more contemporary 'blueprints' for practice...'.¹ A history of the development of the assessment function of social workers in local authorities between 1950 and 1993 has established that throughout the period it was carried out on an increasingly informed basis. There was a critical change in expectations from the investigations carried out by social workers in the 1950s which focused primarily on ascertaining the categories into which people with certain problems, individual requests for specific services, or with particular symptoms, should be placed. By the beginning of the 1990s policy for social assessments was more explicit that the social needs of clients as a whole should be met and that an assessment should be made of carers' needs. Social workers' practice had become instrumental in the implementation of community care policy and the differentiation of social work from health provision for all groups of clients. Moreover, following the community care and Children Act legislation local authorities assumed a lead role in the assessment of the needs of children, young people and adults.

However, because there continued to be limitations in the policy and implementation of social assessment it is not appropriate to adopt a teleological position, that there was a planned approach in a single direction with continuing improvement and towards a particular goal. Moreover, although it has been argued that the assessment function was a unifying influence on the development of social work as a single occupational group and emerging profession it is not possible to suggest the extent of that influence without an evaluation of other roles and tasks of social workers and the cohering or fragmenting impact of other organisational and social forces. Nevertheless, as an increasingly significant function during the period 1950-1993 it should be regarded as an important influence.

¹ P. Garrett, *Remaking Social Work with Children and Families* (London, 2003), p. 4.

The process of social policy formation which has been outlined in the present thesis is, rather, characteristic of aspects of the ‘successive limited comparisons’ model, otherwise referred to as ‘incrementalism’ advanced by Charles Lindblom. He argued that the ‘rational-comprehensive’ model in which goals were identified, alternative approaches considered with their consequences predicted, followed by the selection of the best decision which would provide the basis for ongoing implementation, was not the way that decisions were actually made.² In his applied model of decision making Lindblom emphasised the cognitive limitations of individual decision makers, the range of the actors with different interests involved in the process of policy formulation and the extent to which agreement could be achieved between them, followed by subsequent opportunities to build on earlier achievements. In a recent article which reviewed the impact of Lindblom’s applied theory, Jonathan Bendor argued that although it did not become the basis of a continuing research programme as a whole, the different elements which comprised his theory were followed up by a variety of different research domains.³ The historical development of the assessment function has been characterised by the aggregation of small changes in the context of wider policy developments.

Examples have been provided of how changes in the assessment function of social workers were influenced by wider social policy associated with the development of community care and the provision of support to families. Crucially, those policies were instrumental from the late 1950s onwards in orientating social work towards working with people in their homes as the range of services expanded from the 1960s onwards and increasing numbers of qualified and unqualified social workers were employed in local authorities. Rather than referring to the influence of those wider policy developments, some of the history of social work literature has suggested that changes in the focus of social casework from the individual to the individual in the context of their social environment came about because of internal change within social work. However, attention has been drawn to the limited initial involvement of qualified social workers in work with children, young people, and

² C. E. Lindblom, ‘The Science of Muddling Through’, *Public Administration Review*, 19 (1959), p. 81.

³ J. Bendor, ‘Incrementalism: Dead yet Flourishing’, *Public Administration Review*, 75 (2015), pp. 201-2.

adults in their own homes. Indeed the representative body of psychiatric social workers made little reference to community care in its submission to the Royal Commission and there was negligible movement of almoners to working in local authorities. Nevertheless, the change of focus having been made, theoretical developments within social casework contributed significantly to the principles of assessment which emerged. The impetus towards making a significant change in the focus of social work and in assessment in particular therefore came mainly from forces external to social work. Both qualified and unqualified social workers began building on tentative changes to their aims and tasks to address clients' social environment made prior to the Second World War.

An important dimension of the argument that the historical development of the function of social assessment was a unifying influence on the emergence of social work as a single occupational group and emerging profession is that there were significant enhancements throughout the period from 1950 to 1993. Following the raised expectations of the welfare state and the beginning of a wider awareness of the limitations of the traditional approach to enquiry and investigation, which focussed on the ascertainment of specific problems and the category which a person should be placed in, the discourse of people's 'needs' as a whole started to be influential during the 1950s. The principles of assessment which emerged during the 1960s started to be regarded as relevant to the short and long term work of all occupational groups even though very few qualified social workers were employed to work with older people, and children and adults with physical and learning disabilities. Nevertheless, the limitations of developments were starkly exposed by observations within social work that assessment criteria had not been developed. In the 1970s major organisational change took place before social workers had the opportunity to develop a more professional basis to assessment across the increasingly wide range of cases. A significant increase in referrals prompted the demand for a more systematic approach to each case resulting, as an organisational response, in the introduction of intake and duty teams. In a professional response these changes were supported in the second half of the 1970s by the development of models of, and criteria for, making assessments, developed by academics and practitioners.

Drawing in part on models of assessment and BASW documentation, from the end of the 1970s and throughout the 1980s, SSDs then formalised their inter-agency planning with local NHS bodies for services provided to the different groups of adult clients and to the families of children with disabilities. Documentation produced by Lancashire County Council, the County of Avon and Liverpool City Council included references to the importance of the assessment function as the basis of intervention, with the principles on which it should be based being common to the documentation for all client groups. Where SSDs reviewed their internal policies the requirements of assessment introduced some clarification to the nature of social workers' responsibilities in the increasingly important context of inter-agency working. The significance which was accorded both to the assessment function itself and the leading role of local authorities in carrying out the community care and Children Act reforms consolidated the assessment function in social work practice with both children and adult groups of clients. In particular, the specialisation of qualified social workers in work with older people enhanced the professionalisation of social work as a whole. Some improvements in qualifying education and training and plans for the introduction of the first systematic approach to post-qualifying education and training contributed to the implementation of the reforms.

Of particular significance to the developing identity of social work as an emerging profession, the role of assessment contributed to differentiating the work of social workers from other occupational groups. The emphasis on the social dimension of assessment, which was consistently advanced throughout the period, was a significant dimension of the legitimisation of social workers as a single occupational group. In the 1950s an important and timely contribution was made by almoners, psychiatric social workers and children's officers who took the opportunity of providing written evidence to a number of government reviews of social problems, emphasizing that the particular expertise of qualified social workers was in meeting social and emotional needs. Government policy in relation to community care from the 1960s onwards explicitly differentiated social assessment from a medical assessment. In the 1970s the importance of the new SSDs in providing support to families as a way of reducing the need for residential and institutional care, including community based assessments, was highlighted and it was reported that they had

successfully become involved in work previously been carried out within the NHS. To meet that expectation the provision of guidance from the BASW and the embryonic UK social work literature emphasized the importance of assessment of social circumstances at the start of involvement in a case. In the mid-1980s policy statements produced by local authorities placed increasing emphasis on differentiating the work of social workers from health provision with references to the principles of care on which their work was based, meeting the needs of children, young people and adults on an individual basis and in the context of their family where possible, reducing dependency, and addressing the needs of carers.

In addressing the development of assessment in relation to all of the principal client groups and over a significant period of time, a different perspective has been provided than if a single client group were the focus. Developments with groups of clients which are not as well represented in the history of social work literature as children and people with mental health difficulties, have been addressed on a similar basis. Moreover, it has been argued that the increased specialisation of social work, including assessment, with adult groups of clients and with children with disabilities following the community care and Children Act reforms, was instrumental in enhancing the professional status of social work with those groups of clients and therefore of social work as a whole. Although the organisational separation of children's and adults' services following the reforms has sometimes been interpreted as bringing about the fragmentation of social work, specialisation should be regarded as a positive development which enabled social workers to enhance their practice and professional identity within the increasingly important multi-disciplinary context and with a view to fulfilling the lead role outlined in government guidance.

Despite forming a single representative body in 1970 social workers experienced considerable difficulty in securing a clear identity as a single occupational group and an emerging profession. Reference has been made to the difficulties experienced in social casework becoming a method of work which would unify the different social work occupations. It has also been asserted that the subsequent organisation of work

on the basis of generic caseloads did not enable social workers to develop appropriate expertise. Moreover, although generic caseloads were intended to transfer social work skills to work with client groups with which qualified social workers had not previously worked, in reality work with children and families took a clear precedence throughout the 1970s and 1980s. The literature which has argued that social work with adults became the subject of fragmentation partly because of the separation of assessment from other forms of intervention, although acknowledging its earlier low priority does not appear to have taken into consideration the *extent* of that priority and therefore its significance for historical interpretation.

In the context of uncertainty about the purpose of social work and the low priority afforded to older people as clients, the development of the assessment function of social workers between 1950 and 1993 was a contrasting dimension of social work's history. Although only forming part of a social worker's tasks, assessment developed, albeit slowly, throughout the period 1950 to 1993 as a constructive area of work which became increasingly significant within the trajectory of social work as a whole. The importance of qualified social workers carrying out more complex assessments was asserted throughout the period, moreover it was work carried out by a social worker who was required in the majority of cases to engage directly with a client and others significant to their care. In establishing the basis for closure, referral to another agency, or further intervention in cases, assessment was particularly influential in establishing parameters for social work as a whole. Despite progress in acquiring knowledge and skills in the practice of assessment being relatively slow, it provided social work with a sustained period of development in an increasingly important area of practice.

Although assessment was only one role fulfilled by social workers, significant limitations in both the reach of assessment and in its conceptual development which have emerged from the archival research, suggest that the conventional interpretation of social work being at its 'peak', 'high tide' or 'zenith' during the early 1970s, and

from which it declined, should be re-examined. Social theory has been influential in that interpretation with the end of the ascendancy of 'welfarism' in the mid-1970s and the rise of New Right influence. However, primary evidence and some aspects of the secondary literature point to social work experiencing a period of transition between the end of the Second World War and the early 1970s. Not only were there formal negotiations between separate occupational groups of social workers towards forming a single occupational group, but the period also saw the beginning of the merging of two traditions within social work in the UK. Firstly, the continuing work of a wide range of, usually unqualified social workers, who mainly visited people in their own homes prior to and after the Second World War; secondly qualified almoners, psychiatric social workers and child care officers whose work was mainly based in hospitals and clinics, and with children and young people placed away from home. The extension of community care from the late 1950s onwards brought about an orientation of social work towards providing support to children, young people and adults in their own homes, where that could be achieved, an approach which saw increasing numbers of psychiatric social workers working in local authorities, child care officers involved in more preventive work, and social welfare officers being appointed to work with people with physical disabilities and older people in their own homes. The establishing of SSDs in 1971 represented a conclusion to that process, a confirmation that social workers would be based primarily in a community rather than institutional setting and would work with clients in a way that supported them in family and community settings. Nevertheless, social workers continued to be responsible for placing clients in residential care where that was considered appropriate. During the transitional period it was increasingly noted that the development of common criteria for assessment, applied to all client groups and relevant to the early stage of involvement in all cases, was necessary if social workers were to become a single occupational group and achieve professional status. The differentiation in policy of social and medical assessments and identification of relevant principles for practice were critical developments.

From the mid-1970 to the early 1990s it is suggested that social work experienced a period of adjustment rather than decline during which assessment became a core

function. It was necessary for social workers in local authorities to adjust to new forms of organisation and recognition as a single occupational group, to meet the needs of wider groups of clients, and to identify relevant specialist knowledge and expertise. Models of assessment contributed to the knowledge and practice base of social workers, SSDs became clearer about their role in relation to health provision, and the BASW, Social Services Inspectorate and academic literature provided written guidance about standards of assessment practice. However, the continuing relative weakness of social work's professional identity, found for example, in the limited influence of the BASW and in the short period of qualifying education and training and negligible post qualifying programmes, made it difficult for social workers to counter the negative impact of organizational changes brought about by 'the new public management'. Nevertheless, in the historical context of the earlier limited professionalisation of social work a more nuanced interpretation of the history of social work to the conventional interpretation is suggested. Changes brought about by 'the new public management' and reflected in postmodernist perspectives, point to restrictions in the professionalisation of social work rather than as significant influences on its decline.

The development of the assessment function of social workers went through a series of stages between 1950 and 1993. At each point different aspects of its development contributed to the expansion, knowledge development, and the coherence of social work as a whole. Indeed, assessment became a social work role which could be considered as contributing significantly to an understanding of the overall purpose of social work. By the end of the period significant gaps in social work with some groups of clients had been filled as a result of national social policy and a greater degree of consistency had been achieved in the conceptualisation of assessment across social work with the principal client groups. The function of assessment should therefore be regarded as having exercised a unifying influence on social work as a single occupational group and an emerging profession.

Social Work History

A Timeline

Government and Legislation	Local Authorities and Social Work
1913 Mental Deficiency Act 1913	Required local authorities to ascertain mental defectives and provide supervision, guardianship or place in an institution
1929 Local Government Act 1929	Transferred many of the Poor Law responsibilities to local authorities
1945 Election of a Labour government following the end of the Second World War	
1946 National Health Service Act 1946	Required local authorities to provide preventive and after care services for people with mental illness and learning disabilities. Implemented in 1948
1948 Children Act 1948	Established Children's Departments headed by a Children's Officer. Child care officers started to be appointed
1948 National Assistance Act 1948	Required local authorities to provide accommodation, including for older people, and the power to provide welfare services for people with substantial physical disabilities. To fulfil their responsibilities under the NA Act and the NHS Act, local authorities established either a joint health and welfare department or separate departments
1951 Election of a Conservative government (Conservative governments to 1964)	
1952 Children and Young Persons (Amendment) Act 1952	Laid a duty on local authorities to investigate reports of cruelty and ill treatment to children unless they were satisfied that the enquiries were unnecessary
1957 Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency (Percy Report)	Recommended a community care role for local authorities and a wider role of support to families for mental welfare officers
1959 Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services (Younghusband Report)	Recommended that there should be three grades of social workers. Recommended two year training courses in local colleges; the first course started in 1961

1959 Mental Health Act 1959	Implemented recommendations of the Royal Commission. It ended the formal ascertainment of people with learning disabilities and involvement of Justices in the compulsory admission of people to mental hospital. A mental welfare officer was required to make an application to a hospital on the recommendation of two doctors
1960 Report of the Committee on Children and Young Persons (Ingleby Report)	Mainly concerned with juvenile delinquency and the Courts. It recommended that local authorities should have powers and duties to carry out preventive work.
1963 Children and Young Persons Act 1963	Local authorities were required to make advice, guidance and assistance available to promote the welfare of children by diminishing the need to receive them into care. The NSPCC retained its power to take children to court
1963 Publication of <i>Health and Welfare: the Development of Community Care</i>	Comprised the government's forward planning for health and social welfare in local authorities 1963 The Standing Conference of Organisations of Social Workers was formed by representative organisations of seven occupational groups of social workers 1964 The Society of Mental Welfare Officers joined the Standing Conference
1964 Election of a Labour government (Labour governments to 1970)	
1968 Report of the Seebohm Committee	Recommended that there should be a single social service department in each local authority
1968 Health Services and Public Health Act 1968	Gave local authorities the power to promote the welfare of older people and placed a duty on them to provide a home help service
1969 Children and Young Persons Act 1969	Provisions were aimed at making decisions about children and young people according to their needs rather as a specific response to their delinquency. Making a care order gave social workers more discretion in deciding where a child should be cared for

1970 Local Authority Social Services Act 1970	Provided for the establishing by local authorities of a Social Services Committee and appointment of a Director of Social Services. It listed the functions which would be transferred to the Committee from a range of departments
1970 Chronically Sick and Disabled Persons Act 1970	Laid a duty on local authorities to make welfare services available to people with disabilities and to make themselves aware of people who were eligible
1970 Election of a Conservative government (to 1974)	
1971 The Central Council for Education and Training in Social Work formed	<p>1970 The British Association of Social Workers (BASW) was formed on 14th June 1970</p> <p>1971 Social Services Departments were established in local authorities. The functions included the work of the earlier Children's Departments and Welfare Departments, together with the home help service</p>
1972 Introduction of the Certificate of Qualification in Social Work, a single 2 year initial qualification for all social workers	
1974 Election of a Labour government (Labour governments to 1979)	
1974 Local government reorganisation	
1974 Publication of the Report into the death of Maria Colwell	<p>Widespread criticism of social workers in the media. Local authorities expected to introduce detailed procedures to investigate and make decisions about cases of child abuse</p> <p>1977 Publication by the BASW of <i>The Social Work Task</i>, a contribution to the debate about clarifying the tasks which were appropriate to a qualified social worker.</p>
1979 Election of a Conservative government (Conservative governments to 1997)	

	<p>1982 Publication of <i>Social Workers: their Roles and Tasks</i> (The Barclay Report). The main Report advised that social workers should have responsibility for care planning and counselling, addressing the ability of communities to support people. However, two alternative views formed part of the Report. One view argued that social workers should work at a more local level as part of a neighbourhood's local networks, the other that social workers would be responsible for social casework in which the social problems of individuals would be addressed</p>
1983 Mental Health Act	<p>Provided for the role of the approved social worker who would establish whether compulsory admission to hospital was necessary or whether another way of caring for a person with mental illness was possible</p>
1985 Publication of a number of reports into the deaths of children for who social services departments had held some responsibility	
1986 Disabled Persons (Services, Consultation and Representation) Act 1986	<p>Local authorities were made responsible for carrying out assessments, including the needs of carers</p>
1986 Publication of the Audit Commission Report about community care which recommended that there should be a more planned approach to the policy	
1988 Publication of Sir Roy Griffiths' report about community care	<p>Recommended that local authorities should have the responsibility for identifying people's needs for care</p>
1988 Publication by the Department of Health of <i>Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment</i>	<p>To enhance the assessments made by local authorities for the long term care of children following concerns about abuse</p>
1989 Children Act 1989	<p>Comprehensive legislation which provided for support to families and the investigation of 'significant harm', implemented by local authorities from October 1991</p>
1990 National Health Service and Community Care Act 1990	<p>The legislation was implemented by local authorities from April 1993. Local authorities were given a lead role in the co-ordination of community care</p>

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